MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06180

· 6191 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY "BALTIMORE. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS.
LENGTH OF STAY (in this place) 20YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5662 LINK AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS.
STREET ADDRESS (If rural give location) 5562 LINK AVE.

3. NAME OF DECEASED: (First) MILDRED (Middle) (Last) ADAMS
(Type or Print)

4. DATE OF DEATH: (Month) JULY (Day) 14 (Year) 19 54

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JULY 25 1908
9. AGE last birthday 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE H. GROSS
14. MOTHER'S MAIDEN NAME: CHRISTINE ALHEIT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-05-3091
17. INFORMANT & ADDRESS: STANLEY D. ADAMS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175 X
IMMEDIATE CAUSE (A) Congestive Heart Failure — 1 wk
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Ulcerated Carcinomatosis — 9 mos.
DUE TO (C) Carcinoma of Ovary, — 2 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 1953, to July, 1954 that I last saw the deceased alive on 7/14, 1954, and that death occurred at 1 20 A.M, from the causes and on the date stated above.

SIGNATURE James R. Grabill M. D. ADDRESS 1945 W. Belle. St. DATE SIGNED 7/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF July 17, 1954
NAME OF CEMETERY OR CREMATORY Meadowridge Mem.
LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR 7-16-54
REGISTRAR'S SIGNATURE A W Hitchcock
24. FUNERAL DIRECTOR Joseph T. Cumbow ADDRESS 1328 Lafayette Ave. Bal.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A16—10-53

1445 W. Belle. Ct.

6198

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06181

Item 13 &14 film G168A 7/22/54 em

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp. 16

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21214
STREET ADDRESS (If rural give location) 3001 Wylie Ave

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Alta (Last) Adesman

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: 2
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Adesman
14. MOTHER'S MAIDEN NAME: Leah unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Al Adesman - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

561.1 IMMEDIATE CAUSE (A) Arteriosel. Cardio Vasc. Disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chr. Bronchitis Emphysema sec. to Chr. Asthma DUE TO

(C) Femoral Hernia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Operated re Femor. Hernia

19A. DATE OF OPERATION: 7/16/54
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to July 18, 1954, that I last saw the deceased alive on 7/18, 1954, and that death occurred at 6.30 A.M, from the causes and on the date stated above.

SIGNATURE Stella Wachsler M. D. ADDRESS Spring Grove St. Hosp. DATE SIGNED. 7/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-19-54
NAME OF CEMETERY OR CREMATORY Rosedale
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 7-19-54
REGISTRAR'S SIGNATURE D. W. Hudson
24. FUNERAL DIRECTOR Jack Lewis Jr.
ADDRESS 210 E Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06182

6199

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 5
LENGTH OF STAY (in this place) Since 5/30/1953
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville 28, Md 16

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) Baltimore County Home of Aged

3. NAME OF DECEASED: (Type or Print) (First) Abraham (Middle) — (Last) Bailey

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 1865

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miller

10B. KIND OF BUSINESS OR INDUSTRY: flour mill

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Isaac W. Bailey

14. MOTHER'S MAIDEN NAME: Rachel Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or, unk.) unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1

IMMEDIATE CAUSE (A) Pneumonia (hypostatic) — INTERVAL BETWEEN ONSET AND DEATH: 3 da

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic cardiovascular disease — yr

DUE TO (C) Generalized arteriosclerosis — "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:10 A. M, from the causes and on the date stated above.

SIGNATURE Bruno Radauskas M. D. ADDRESS Spring Grove St. Hospital DATE SIGNED 7/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 19, 1954 — NAME OF CEMETERY OR CREMATORY Fountain Dale — LOCATION (City, town, or county) (State) Harbaugh Valley. Penna.

DATE REC'D BY LOCAL REGISTRAR 7/17/54 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Wm. Berryman & Sons — ADDRESS Reisterstown Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
JUL 20 1954
BUREAU V. S.

MARYLAND 6102 06183 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Lansdowne Balto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) 3211 Hilltop ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Em (Last) Ball
4. DATE OF DEATH: (Month) 7 (Day) 15 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 30 1882
9. AGE last birthday: 72 yrs. If under 1 year: Months, Days, Hours; If under 24 hrs: Min. 16 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Hudson
14. MOTHER'S MAIDEN NAME: Margaret —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: W T Ball 3211 Hilltop ave Lansdowne Balto Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — Interval Between Onset and Death: 4 YEARS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) GENERALIZED ARTERIOSCLEROSIS — 10 YEARS

260.5

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS — 1 YEAR

19a. DATE OF OPERATION: D
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1948, to July 15, 1954, that I last saw the deceased alive on July 6, 1954, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE C. Arthur Rossberg (Degree or title) M.D. ADDRESS 2436 Washington Blvd. Balto 30 Md. DATE SIGNED 7-16-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE 7-19-54
NAME OF CEMETERY OR CREMATORY: Western Cemetery
LOCATION (City, town, or county) (State): Edmondson ave Balto Md

DATE REC'D BY LOCAL REG. 7-16-54
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR: Edward Lonlon ADDRESS: Balto 30 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06184

6200

CERTIFICATE OF DEATH

Reg. Dist. No. 4p 3

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 17 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 245 Rogers Forge Road

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) A. (Last) BERG

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 19 54

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 5-20-98 | 9. AGE last birthday 56 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Wilmington, Delaware
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Carl A. Berg
14. MOTHER'S MAIDEN NAME: Amanda Berg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) PULMONARY EDEMA, ACUTE — 8 HOURS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

DUE TO

(C) ARTERIOSCLEROSIS OF CORONARY ARTERIES — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from July 10 19 54 to July 27, 1954, ~~this date last seen alive~~ and that death occurred at 11:57 PM, from the causes and on the date stated above.

SIGNATURE F. G. DICKEY, Chief, Medical Service M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 7-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-30-54 | NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-29-54 | REGISTRAR'S SIGNATURE A. W. Hopkins

24. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home 6009 Harford Rd. Baltimore 14, Md. Howard T Blight

VS. A15—10-5

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06185

CERTIFICATE OF DEATH

6201

Reg. Dist. No. 3 2...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) 9 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 3630 Park Heights Ave

3. NAME OF DECEASED: (Type or Print) (First) Abraham (Middle) NMI (Last) BERLIN

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: July 10, 1889

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): tailor

10B. KIND OF BUSINESS OR INDUSTRY: tailoring

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A. *naturalized

13. FATHER'S NAME: Jerome Berlin (b. in Poland or Russia)

14. MOTHER'S MAIDEN NAME: Gertrude Roth (B. in Germany)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Gertrude Berlin, 3630 Park Heights Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 X

IMMEDIATE CAUSE (A) Intracerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days plus

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive cardiorenal-vascular disease — 15 years plus

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hemiparesis, left, residual from stroke; benign prostatic hypertrophy — 15 years ago

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 July, 19 54 to 18 July, 19 54, that I last saw the deceased alive on 18 July, 1954., and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE Lindsey F. Campbell M. D. — ADDRESS Spring Grove State Hospital — DATE SIGNED July 18, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 19/54 — NAME OF CEMETERY OR CREMATORY Shaarai Zion Cmty — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-19-54 — REGISTRAR'S SIGNATURE Dan Hedges — 24. FUNERAL DIRECTOR Sol Levinson & Bro — ADDRESS 1126 W North ave

MARYLAND STATE DEPARTMENT OF HEALTH

06186

6202

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate; STREET ADDRESS (If rural give location) 7607 Cypress Ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Beyer

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 18 1881

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Brewery

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian Beyer

14. MOTHER'S MAIDEN NAME: Dora Jubb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No

16. SOCIAL SECURITY NO.: 217-01-7663

17. INFORMANT: Madeline Hellman 7607 Cypress Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolus	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Phlebothrombosis iliac Vein	4 days
	(c) Diarrhea, dehydration 2 days	10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema Arteriosclerotic Heart Dis	25 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1954, to 7-1, 1954 that I last saw the deceased alive on 7-1, 1954 and that death occurred at 10:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Jack C Collins M.D. | 21 Ainsley Rd | 7-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 6 1954 | NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem | LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG.: 7-6-54 | REGISTRAR'S SIGNATURE: Madeline Hellman | 24. FUNERAL DIRECTOR: J. Pratt & B.M. Walters | ADDRESS: Pratt & Fleischer Ft Balto Md

VS. A15

6181 06187

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 | LENGTH OF STAY (in this place) 3 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8048 DEL HAVEN RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE S COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DM E
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) MARIE (Last) BIGGERSTAFF
4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.	MARRIED	7-15-1904	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SPINDER	TEXTILE MFGR.	W. VA.	U.S.A.

13. FATHER'S NAME ALBERT WHEELER
14. MOTHER'S MAIDEN NAME MARY (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
(?)	No	243-01-8674	NELLIE J. CORRELL - DAUGHTER

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

52.6 X

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Congestive Bronchitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 1954		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W J Davis M.D	Dep. Med. Exam.	Dundalk, Md.	7/21/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7-23-54	BELAIR MEMORIAL	BELAIR, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 22-1954	William M. Kelly	Watts Carter Bradley	Havelock, N.C.

6182 MARYLAND STATE DEPARTMENT OF HEALTH 06188

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22
LENGTH OF STAY (In this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS PATAPSCO RIVER OFF RIVERSIDE POWER PLANT, G+E Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22
STREET ADDRESS (If rural, give location) 7324 SCHOOL LANE

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) CHARLES (Last) BLANEY
4. DATE OF DEATH (Month) 7- (Day) 26- (Year) 54 19

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: SEPT. 29, 1937
9. AGE last birthday: 16 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ROY BLANEY
14. MOTHER'S MAIDEN NAME: ROBERTA THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: ROBERTA BLANEY - MOTHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowning — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN): Dundalk (COUNTY): Balto (STATE): Md
TIME OF INJURY (Month) 7- (Day) 26- (Year) 54 (Hour) 9:30 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from pier While Crabbing

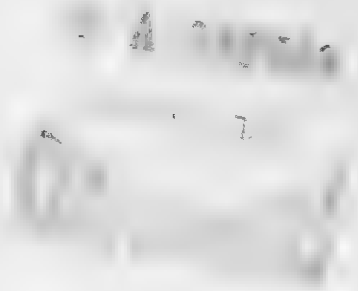
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: M G Davis M.D. (Degree or title) ADDRESS: Dep. Med. Exam. - Dundalk, Md. DATE SIGNED: 7/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 7-29-54
NAME OF CEMETERY OR CREMATORY: GREEN LAWN
LOCATION (City, town, or county) (State): CAMBRIDGE, Md.

DATE REC'D BY LOCAL REG.: July 28-1954
REGISTRAR'S SIGNATURE: William M. Kelly
24. FUNERAL DIRECTOR: Walter Brooks Bradley, Hindeth, Md ADDRESS

VS. A15A



Film#G169 Item# 12
8/16/54 emf

06189

MARYLAND STATE DEPARTMENT OF HEALTH

6203

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Regester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 106 W. Saratoga St

3. NAME OF DECEASED (Type or Print): (First) Fiorenzo (Middle) Bo (Last) ------BO

4. DATE OF DEATH: (Month) July (Day) 4/54 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Oct. 27, 1879

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: ------BO

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: John Brooks, 4201 Barrington Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44

Immediate cause (a) Uremia — Interval Between Onset and Death: 5-yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria-sclerotic Cardio Vascular

2000 (c) renal disease,

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to July 3, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 12:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. Ford Lofton M.D. 1120 St. Paul St. Baltimore 7/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 6 54 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) (State) Pikesville Md

DATE REC'D BY LOCAL REG. 7/13/54 — REGISTRAR'S SIGNATURE Mabel Gray

24. FUNERAL DIRECTOR — ADDRESS Harry A. Dietz & Co. 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07060

6204 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) ?; HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Melrose Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 10 Melrose Ave.

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Albert (Last) Boardley

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 6 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Ice Cream Co.

11. BIRTHPLACE (State or foreign country): Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Boardley

14. MOTHER'S MAIDEN NAME: Sarah Boardley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?; (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Mrs. Mable Boardley, 10 Melrose Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset and Death: 1 Hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Mitral Insufficiency — 3 mos-20 d's

DUE TO (c) Hypertensive Asterio-sclerotic Heart Disease ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Heat Exhaustion — 1 day

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12-1954, to 7-31-1954, that I last saw the deceased alive on 7-31-1954, and that death occurred at 5.10 P.M., from the causes and on the date stated above.

SIGNATURE: C.J. Maloney (DEGREE OR TITLE) M.D. ADDRESS 57 Winters Lane-Catonsville DATE SIGNED 7/31/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF Aug. 4 1954; NAME OF CEMETERY OR CREMATORY Pleasant Liberty; LOCATION (City, town, or county) Howard Co. (State) Md.

DATE REC'D BY LOCAL REG. 8-4-54; REGISTRAR'S SIGNATURE Wm. Hedrick

24. FUNERAL DIRECTOR Gorsuch Funeral Home; ADDRESS 1631 Druid Hill Ave.

Dmc

6205

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06190

Item 14 film G168A 8/3/54

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Murdock Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 40 Murdock Road

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Bohn

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 5, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jacob Stubler

14. MOTHER'S MAIDEN NAME: Theresa ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: A. James Bohn, 40 Murdock Road

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of the urinary bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1954, to July 26 1954, that I last saw the deceased alive on July 26, 1954, and that death occurred at 9:00 PM, from the causes and on the date stated above.

SIGNATURE C. D. Flynn M. D. ADDRESS 11 E. Chase Street #2 DATE SIGNED July 28, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7/29/54

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR 7-28-54

REGISTRAR'S SIGNATURE C. W. Hennessy

24. FUNERAL DIRECTOR L. J. Fleck ADDRESS 5305 Harford Rd

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr/ Philip Flynn
11 E. Chase St
Wednesday 1;00 to 3:00 P.M.

MARYLAND STATE DEPARTMENT OF HEALTH

06191

6206

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESACO PARK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESACO PARK
STREET ADDRESS (If rural, give location) EDGEWATER RD.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) CECELIA (Last) BOOZ

4. DATE OF DEATH: (Month) JULY (Day) 4 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 7-28-1887

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ADAM HUBERT

14. MOTHER'S MAIDEN NAME: EVA HOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: CHAS. M. BOOZ 431 CORNWALL ST. BALTO. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio Vascular disease — 3 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954, to July 4, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 6 1/2 P. m., from the causes and on the date stated above.

SIGNATURE: W. M. Cunningham (Degree or title) MD ADDRESS Balto 6 Md DATE SIGNED 7/6/54

22. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 7-7-54. | NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM. | LOCATION (City, town, or County) (State): 7401 GERMAN HILL RD. MD.

DATE REC'D BY LOCAL REG. 7-7-54 | REGISTRAR'S SIGNATURE: A. W. Hynes | 24. FUNERAL DIRECTOR: Charles S. Zeller | ADDRESS: 901 S. CONKLING ST. BALTO., 24, MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please state the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

08169

6207 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING — USE WRITING ONLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore / MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Grove State Hosp. | LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landal
STREET ADDRESS (If rural, give location) Box 427 Pine Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jennie	Bowman		July	26	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	12-4-1874	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		West Va.	USA

13. FATHER'S NAME Salem Teeter
14. MOTHER'S MAIDEN NAME Agnes Hemrt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
	[illegible]	Pecora Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxicity resulting from decubital gangrene

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Congestive heart failure,
(c) Arteriosclerotic cardiovascular disease & cirrhosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertrophy, Fracture of left femur,

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital	(CITY OR TOWN)	(COUNTY)	(STATE)
		Catonsville	Balto Co	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
			m.			Slipped on coal in alley

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Doctor or title)	ADDRESS	DATE SIGNED
Geo Burkie Jr MD Coroner Balto Co	1010 Leeds Ave,	7&8-54

(X) CREMATION (X) BURIAL (Specify) Removal	DATE THEREOF 7-26-54	NAME OF CEMETERY OR CREMATORY McCook	LOCATION (City, town, or county) Nebraska (State)
DATE REC'D BY LOCAL REG 9-20-54	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Brock Inc, Hyattsville Md	ADDRESS

VS. A16A

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6208

06192

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore 28 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 6 MARLE DRIVE

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) W. (Last) BRASS

4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 54 19

5. SEX Male

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH April 25 1876

9. AGE last birthday 78 yrs.

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Helper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Brass

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mr. Madine Meller. 6 Marle Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension CV disease — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5 19 54, to July 5 19 54, that I last saw the deceased alive on July 5, 1954, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE Jno. P. Ha[illegible] MD (Degree or title) ADDRESS Catonsville DATE SIGNED 7/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/7/54

NAME OF CEMETERY OR CREMATORY Pt. Chest

LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 7/8/54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Mac Nabb & Son ADDRESS Catonsville, Md.

JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6209

CERTIFICATE OF DEATH

Reg. Dist. No. 06193 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD,
LENGTH OF STAY (in this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 3801 PRIMROSE AVENUE

3. NAME OF DECEASED: (Type or Print) (First) ABRAHAM (Middle) S. (Last) BRENNER

4. DATE OF DEATH: (Month) JULY (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 9/7/93

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY: DEPARTMENT STORE

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: SIMON BRENNER

14. MOTHER'S MAIDEN NAME: IDA GLASSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW. I

16. SOCIAL SECURITY NO. 216-03-5581 UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FORT HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) HYPERNEPHROMA WITH METASTASIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from JULY 8, 1954, to JULY 14, 1954, and that death occurred at 12:35 AM, from the causes and on the date stated above.

SIGNATURE Irving Freeman ADDRESS DATE SIGNED

IRVING FREEMAN, M.D. Acting Chief, Medical Service, VAH, FORT HOWARD, MARYLAND 7-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 7-18-1954

NAME OF CEMETERY OR CREMATORY HEBREW FRIENDSHIP CEMETERY

LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7-15-54

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS JACK LEWIS INC. FUNERAL HOME. 2100 EUTAW PLACE, BALTIMORE, MD.

VS: A15 — 10 - 53

6210 **MARYLAND STATE DEPARTMENT OF HEALTH** 06194

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Govlawn
LENGTH OF STAY (in this place): 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5517 Hutton Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
STREET ADDRESS (If rural, give location): 5517 Hutton Ave.,

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Katherine (Last) Brinker

4. DATE OF DEATH: (Month) July (Day) 14, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Mar. 18, 1870	84 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	--	Ireland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Burke	Bridget Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Mrs. Irene Kraus 5517 Hutton Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio vascular disease	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 12, 1954, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 12.30 A.M., from the causes and on the date stated above.

SIGNATURE: Walter E. Wilhelm (Degree or title) — ADDRESS: 2220 Garrison Blvd. — DATE SIGNED: 7/14/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or county) (State)
Burial	7-17-1954	New Cathedral	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-16 54	C.W. Pedigo	G. Howard Strong	3107 W. North Ave.,

VS. A15

45

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06195

6211 CERTIFICATE OF DEATH Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2014 Englewood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; STREET ADDRESS (If rural give location) 2014 Englewood Ave.

3. NAME OF DECEASED: (Type or Print) (First) ADELIA (Middle) (Last) BRINSFIELD

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 5, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Jones

14. MOTHER'S MAIDEN NAME: Mary Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): —; (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. George Kraus-2014 Englewood Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours.

ANTECEDENT CAUSE (S) DUE TO (B) arteriosclerosis & arteriosclerotic type heart disease with cardiac hypertrophy & hypertension. — several yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1954, to July 28, 1954, that I last saw the deceased alive on July 27, 1954 and that death occurred at 6.10 P.M., from the causes and on the date stated above.

SIGNATURE William Michel M.D. ADDRESS 1015 Poplar Grove St. DATE SIGNED July 28 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial; DATE THEREOF: 7/31/54; NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.; LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 7-29-54; REGISTRAR'S SIGNATURE: A W Hodges; 24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons; ADDRESS: Balto 17, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06196

6212 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY —; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City; STREET ADDRESS (If rural give location) 4854 Reisterstown Road

3. NAME OF DECEASED: (First) George (Middle) William (Last) Brown Sr.

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-17-1884

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wheel right

10B. KIND OF BUSINESS OR INDUSTRY: Chemical

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Brown

14. MOTHER'S MAIDEN NAME: Elmora Norfick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No. 212-01-5358A

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary insufficiency — years

DUE TO (C) Arteriosclerotic cardiovascular disease — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15/, 1954, to 7/4/, 1954, that I last saw the deceased alive on 7/3/, 1954, and that death occurred at 5:58 P M, from the causes and on the date stated above.

SIGNATURE John P. Kirley M.D. ADDRESS Spring Grove State Hospital Catonsville Md. DATE SIGNED 7/4/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 7-6-54; NAME OF CEMETERY OR CREMATORY Calvary Methodist Church; LOCATION (City, town, or county) Reisterstown; (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 7/6/54; REGISTRAR'S SIGNATURE Dan Helm; 24. FUNERAL DIRECTOR Young Byers; ADDRESS 5005 Park Heights Ave Balto 15 Md

6213

06197 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Randallstown
LENGTH OF STAY (in this place) 87
HOSPITAL OR INSTITUTION OR STREET ADDRESS Winans Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Randallstown
STREET ADDRESS (If rural, give location) Winans Road

3. NAME OF DECEASED: (Type or Print) (First) Moses (Middle) A. (Last) Bruce

4. DATE OF DEATH (Month) July (Day) 22, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: June 3, 1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Bruce

14. MOTHER'S MAIDEN NAME: Clementine Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-18-9576

17. INFORMANT & ADDRESS: Clinton Rodgers - Randallstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 week
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Hypertensive C.-V. Disease	5 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY None

21c. (City or town) None (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.

21e. INJURY OCCURRED While at work None Not while at work ☐

21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Eagles M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/25/54

NAME OF CEMETERY OR CREMATORY St. Thomas

LOCATION (City, town, or county) (State) Balto. Co., Md.

DATE REC'D BY LOCAL REG. 7-25-54

REGISTRAR'S SIGNATURE Mary B. Slice

24. FUNERAL DIRECTOR ADDRESS Charles K. Law, 802 Madison Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06198

6214 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 12 yr. 1 mon 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Allen (Middle) (Last) Bush

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday 74 ? yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm hand

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bush

14. MOTHER'S MAIDEN NAME: Sarah Ann Webley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: David Bush (nephew) R.F.D. Street, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of stomach — Unknown

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10- , 1954, to 7-13- , 1954, that I last saw the deceased alive on 7-13- , 19 54 and that death occurred at 10:55 AM, from the causes and on the date stated above.

SIGNATURE Ethel B. Herrmann-Green M.D. ADDRESS M.D. Spring Grove State Hospital DATE SIGNED 7-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-22-54 | NAME OF CEMETERY OR CREMATORY Spring Grove State Hosp. | LOCATION (City, town, or county) (State) Catonsville 28, Md.

DATE REC'D BY LOCAL REGISTRAR 7/24/54 | REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR Spring Grove State Hospital ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06199

CERTIFICATE OF DEATH

6215

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY BALTO.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LODGE FOREST – BALTO. 19
   MARYLAND
   LENGTH OF STAY (in this place) 20 YRS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 7405 BAY FRONT DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE S
   COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
   STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) ALFRED (Last) BYROADE

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 19 54

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 3-4-1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: CONSTR.

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WM. D. BYROADE

14. MOTHER'S MAIDEN NAME: ANNIE MENHOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 217-03-0754

17. INFORMANT & ADDRESS: ROSE C. BYROADE – SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure – Acute — Interval Between Onset And Death: 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Heart disease — 20 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 54 to July 1, 19 54, that I last saw the deceased alive on June 24, 19 54 and that death occurred at 5:20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS 5220 Wis. Ave. DATE SIGNED 7-1-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 7-3-54
NAME OF CEMETERY OR CREMATORY BELAIR MEM. GARDENS
LOCATION (City, town, or county) (State) BELAIR, MD.

DATE REC'D BY LOCAL REGISTRAR July 6 54
REGISTRAR'S SIGNATURE Dawson L. Harby

24. FUNERAL DIRECTOR Wm. Parker Bradley
ADDRESS Overlea, Md.

JUL 8
BUREAU V. S.

6216

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(Reg. Dist.) 06300

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bella
LENGTH OF STAY (in this place) Entire
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Bella ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. ~~COUNTY~~ Balto. City.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 705 W 37th St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) E (Last) CANAPP
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 16, 1887
9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Auto mech.
10b. KIND OF BUSINESS OR INDUSTRY: Auto Car Co.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: [redacted] not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 1911
16. SOCIAL SECURITY NO.: 212-10-2438
17. INFORMANT & ADDRESS: Edith M. Canapp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDING OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY None
21c. (City or town) None (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. D. Taylor M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-6-'54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 9, 1954
NAME OF CEMETERY OR CREMATORY Lorraine Park
LOCATION (City, town, or county) (State) Windsor Mill Rd.

DATE REC'D BY LOCAL REG. 7-8-54
REGISTRAR'S SIGNATURE John Hedrick Deputy
24. FUNERAL DIRECTOR Paul E. & Emanuel Jr. 3615-17
ADDRESS Same

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ■uses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

Items 18&22 Film G168 7/20/54 ams

6183

06201

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11A - 5 - 5

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Dundalk — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8060 Kavanaugh Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 8060 Kavanaugh Rd.

3. NAME OF DECEASED: (Type or Print) (First) RALPH (Middle) ROBERT (Last) CARTER, JR.

4. DATE OF DEATH (Month) July (Day) 6 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 8, 1954

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 28 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ralph Robert Carter, Sr.

14. MOTHER'S MAIDEN NAME: Muriel Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) – (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: –

17. INFORMANT & ADDRESS: Mrs. Muriel H. Carter-8060 Kavanaugh Rd. #22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Interstitial pneumonitis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: — **19b. MAJOR FINDING OF OPERATION:** — **20. AUTOPSY?** Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. — **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY — **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ — **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Guerra M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED July 6, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/7/54	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-7-54	Wm. Hedrick	Wm. J. Pickens & Sons	Catonsville 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06202

6217 CERTIFICATE OF DEATH Reg. Dist. No. 30

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3 mos. 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3121 Oliphant Avenue

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Chiavaro
4. DATE OF DEATH: (Month) July (Day) 1, (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 74? yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: Approx. 5hrs. Prior to Adm.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerotic cardiovascular disease

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Prior to Adm.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) (Degree or title) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7- ..,19 54 , to 7-1- ., 19 54, that I last saw the deceased alive on 6-30- .. , 19 54 , and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE Ethel B Herrmann-Green MD. (Degree or title) ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 7-1-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF JULY-2-54 NAME OF CEMETERY OR CREMATORY HOLY REDEEMER LOCATION (City, town, or county) 4430 BELAIR RD. BALT. (State) MD

DATE REC'D BY LOCAL REGISTRAR 7-2-54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Frank Della Vace ADDRESS 322 S. HIGH ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND 6218

06203
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 WESTSHIRE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 210 WESTSHIRE RD.

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) LEVI (Last) COLLINS

4. DATE OF DEATH (Month) JULY (Day) 12 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER

8. DATE OF BIRTH DEC. 25, 1863

9. AGE last birthday 90 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST. RET.

10b. KIND OF BUSINESS OR INDUSTRY B. & O. R.R.

11. BIRTHPLACE (State or foreign country) MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JAMES F. COLLINS

14. MOTHER'S MAIDEN NAME NAOMI HOFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS James D. Collins - 210 Westshire Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis, and degeneration due to — Indefinite

Antecedent cause(s) Arteriosclerotic cardio-vascular disease, advanced

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Jaundice, Pruritus, obstruction (Possible Malignancy of liver or pancreas)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1954, to 12 July, 1954, that I last saw the deceased alive on 11 July, 1954, and that death occurred at 1.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emil H. Henning Jr M D 601 Winans Way 13 July 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7-14-54

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) Balt. (State) Md.

DATE REC'D BY LOCAL REG. 7-14-54

REGISTRAR'S SIGNATURE C.E. Barry

24. FUNERAL DIRECTOR George A. Farley - Catonsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06204

6219 CERTIFICATE OF DEATH Reg. Dist. No. . . .

1. PLACE OF DEATH: Baltimore
COUNTY 2026 RUSSELL AVE MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) WOODLAWN
LENGTH OF STAY (in this place) 2 MO
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2026 RUSSELL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN MD
STREET ADDRESS (If rural give location) 2026 RUSSELL, AVE

3. NAME OF DECEASED: (Type or Print) (First) GERTRUDE (Middle) (Last) COOKERLY

4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: 6/9/1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: SAME. RETIRED

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? STEIGER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: 2024 FRANK COOKERLY. RUSSELL. AVE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary Thrombosis	2 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arterio Sclerotic Cardiovascular Disease	Uncertain
	(c) DUE TO Diabetes	Uncertain

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: no operation 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 1, 1954, to July 2, 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 10 15 AM from the causes and on the date stated above.
SIGNATURE (Degree or title) Joshua H. Armacost MD ADDRESS 6419 Windsor Mill Rd DATE SIGNED 7/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 7/6/54 NAME OF CEMETERY OR CREMATORY WESTERN CEM LOCATION (City, town, or county) EDMONDSON AVE (State)

DATE RECD BY LOCAL REGISTRAR 7-4-54 REGISTRAR'S SIGNATURE Angela Bunnell

24. FUNERAL DIRECTOR Chas P. Towell ADDRESS 6411 Windsor Mill. Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1914
BUREAU V. S.

06205

MARYLAND 6220

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ×; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School Owings Mills, Maryland.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural, give location) 3402 Juneway, Baltol, Md. √

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	Joseph	Dersch	7	17	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	White	Single	11/27/48	5 yrs. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---; 10b. KIND OF BUSINESS OR INDUSTRY ---

11. BIRTHPLACE (State or foreign country) Baltimore, Md.; 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis Phillip Dersch

14. MOTHER'S MAIDEN NAME Elaine Elizabeth Rutkowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --; (If year, give war or dates of service) --; 16. SOCIAL SECURITY NO. --

17. INFORMANT AND ADDRESS Parents - 3402 Juneway, Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Status epilepticus — 2 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spastic Quadriplegia — Age since 4½ mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 5-20 ., 19 54., to 7-17 ., 19 54, that I last saw the deceased alive on 7/17/54, 19....., and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE Viola B. Johns (Degree or title) M.D ADDRESS Rosewood Owings Mills Md. DATE SIGNED 7/17/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	July 20/54	Holy Rosary	Baltimore

DATE REC'D BY LOCAL REG. 7-19-54 REGISTRAR'S SIGNATURE Fredric W. Dandridge

24. FUNERAL DIRECTOR Fred W. Ozazewski ADDRESS 1930 Baltimore Ave.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07061

6221 **CERTIFICATE OF DEATH** Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 75 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2713 Classen Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) E (Last) DE VAUGHN

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH 8/6/14

9. AGE last birthday 39 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Contracting

10B. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis A DeVaughn

14. MOTHER'S MAIDEN NAME: Bertha Enger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 245-10-8110 Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) GLIOBLASTOMA OF THE BRAIN DUE TO

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 5-17-54

19B. MAJOR FINDINGS OF OPERATION: CRANIOTOMY RIGHT, REMOVAL OF TEMPORAL TUMOR, VENTRICULOGRAM AND CRANIECTOMY

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from May 17, 1954, to July 31, 1953 and that death occurred at 2:15 P.M. from the causes and on the date stated above.

SIGNATURE David C. Bennighof, M.D. ADDRESS M. D VAH, Fort Howard, Md. DATE SIGNED 7-31-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Aug 4 54 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 8/3/54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Loring Eyers ADDRESS 5005 Park Heights Ave., Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-

VS. A15—10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06206

6222 CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 124 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GLEN BURNIE
STREET ADDRESS (If rural give location) 1226 GUILFORD ROAD

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) T. (Last) DEVINE

4. DATE OF DEATH: (Month) JULY (Day) 31 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 2-11-21

9. AGE last birthday 33 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY: ELECTRONIC CO.

11. BIRTHPLACE (State or foreign country): DETROIT, MICHIGAN

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM DEVINE

14. MOTHER'S MAIDEN NAME: ISABELLA HOFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 383 07 8729

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSPITAL, FT. HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) HODGKIN'S DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 10 YEARS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4-30-54

19B. MAJOR FINDINGS OF OPERATION: COMPRESSION OF SPINAL CORD T II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 29, 1954, to JULY 31, 1954, that I last saw the deceased and that death occurred at 2:45 A M, from the causes and on the date stated above.

SIGNATURE: David C. Bennighof M.D. ADDRESS: M.D. VAH FORT HOWARD, MD DATE SIGNED: 7/31/54

DAVID C. BENNIGHOF, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal — DATE THEREOF: 7/31/54 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): DETROIT, MICHIGAN

DATE REC'D BY LOCAL REGISTRAR: AUG 1 1954 — REGISTRAR'S SIGNATURE: Charlton Williams, M.D. — 24. FUNERAL DIRECTOR: WILLIAM COOK, INC. — ADDRESS: ST PAUL & PRESTON ST BALTO. MD.

06207

MARYLAND — **STATE DEPARTMENT OF HEALTH**

6223

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto Co 27 — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2400 Smith Ave — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2400 Smith Ave, Balto Co 27 — STREET ADDRESS (If rural, give location) Date of Death: July 20 1954

3. NAME OF DECEASED (Type or Print): (First) Helena (Middle) Jane (Last) Birney

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: Bal Co Md

9. AGE Last birthday: 88 1 yrs. — If under 1 year: Months. Days. — If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elizabeth (ii) Balto Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Farmer

~~11.~~ MOTHER'S MAIDEN NAME: Harry Biffendall Balto 27

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: 2400 Smith Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	6 hours
Antecedent cause(s)	Uremia	2 wk +
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	10-15 yr +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1953, to 7-20-54, 19....., that I last saw the deceased alive on 7-20-54, 19....., and that death occurred at 11:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS 642 Nash Blvd — DATE SIGNED 7-21-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 7-30-54 — NAME OF CEMETERY OR CREMATORY: Western Cem — LOCATION (City, town, or county) (State): Edmondson Ave Balto Md

DATE REC'D BY LOCAL REG. 7-22-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Edward Faulson Balto 30 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06208

CERTIFICATE OF DEATH

Reg. Dist. No. 3 8

6224

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 637 Piccadilly Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 637 Piccadilly Rd.

3. NAME OF DECEASED. (Type or Print) (First) WILLIAM (Middle) B. (Last) DOBSON, Sr.

4. DATE OF DEATH (Month) July (Day) 14, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Sept. 28, 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Women's Clothing (Wholesale)

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Beaugregard Dobson

14. MOTHER'S MAIDEN NAME: Alice Reister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT & ADDRESS: Mrs. Byrd L. Dobson-637 Piccadilly Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchogenic Carcinoma

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: 6 months ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State): None

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.: None

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from July 7, 1954 to July 14, 1954 that I last saw the deceased alive on July 7, 1954, and that death occurred at 2:30 P.M. from the causes and on the date stated above.

SIGNATURE J. Carl Myers M.D. M. D. ADDRESS 1401 E. Cold Spring Lane Baltimore 12, Md. DATE SIGNED July 17, 54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 7/17/54

NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.

LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR: July 17, 1954

REGISTRAR'S SIGNATURE: R. W.

FUNERAL DIRECTOR: Wm. J. Dickens & Sons

ADDRESS: Balto' Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06209

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH. 6225
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 4500 Ritchie Highway

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) J. (Last) DONOHUE

4. DATE OF DEATH: (Month) 7-18-54 (Day) (Year) 19

5. SEX. Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11-13-21

9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 32 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Serviceman

10B. KIND OF BUSINESS OR INDUSTRY: Appliances

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles J. Donohue

14. MOTHER'S MAIDEN NAME: Mary E. Buckinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 212-17-0795

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) MIXED TUMOR OF TESTIS WITH WIDE SPREAD — INTERVAL BETWEEN ONSET AND DEATH: 18 MONTHS

ANTECEDENT CAUSE (B) DUE TO METASTASIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1954, to July 18, 1954 that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 11:40 AM, from the causes and on the date stated above.

SIGNATURE John A. Surmonte
JOHN A. SURMONTE
ADDRESS M. D. VAH, Fort Howard, Maryland
DATE SIGNED 7-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 7/21/54
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-19-54
REGISTRAR'S SIGNATURE Otto Helmuth
24. FUNERAL DIRECTOR Howard-Bright Funeral Home
ADDRESS 6009 Harford Road, Baltimore, Maryland
Mildred T. Bright

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06210

6226

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-5

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 6 yrs. 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Maryland.
STREET ADDRESS (If rural, give location) 1101 Brentwood Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) DOWNEY

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.

8. DATE OF BIRTH: 5/24/68

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Unknown.

11. BIRTHPLACE (State or foreign country): Balto, Md, U.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis Downey

14. MOTHER'S MAIDEN NAME: Honora Demehey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) —

17. INFORMANT & ADDRESS: Mrs Malcolm Stewart 1101 Brentwood Ave (present address) Balto, Md. (Unknown).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis (?) — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Hemorrhage (?) — DUE TO

(c) Generalized Arteriosclerosis and Senility.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 19 54, to July 17, 19 54, that I last saw the deceased alive on July 17, 19 54, and that death occurred at 12 07 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

SPRING GROVE HOSPITAL CATONSVILLE MD. by JR Cowen, M.D. July 17, 1954.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 20/54 — NAME OF CEMETERY OR CREMATORY Cathedral Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7-19-54 — REGISTRAR'S SIGNATURE — **24. FUNERAL DIRECTOR** ADDRESS Stewart & Mowen Co, 108 W. North Ave. Balto. #1.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06211

6227

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 34 N. KOSSUTH ST.

3. NAME OF [illegible] (Type or Print): (First) JAMES (Middle) HENRY (Last) DULIN
4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 54

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 6-29-1876
9. AGE last birthday 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY CARPENTER
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME WM. Dulin
14. MOTHER'S MAIDEN NAME ELIZABETH CORRAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS WILLIAM DULIN. 34 N. KOSSUTH ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Terminal bronchopneumonia — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic cardiovalvular disease — years
(c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19-, 1954 to 7-19-, 1954 that I last saw the deceased alive on 7-19-, 1954, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
David E. Edwards MD Spring Grove State Hosp.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-22-54
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) EASTON, Talbot Co. Md.

DATE REC'D BY LOCAL REG. 7/22/54
REGISTRAR'S SIGNATURE A. H. Nesbit
24. FUNERAL DIRECTOR ADDRESS
Victor Harry Maurice L. Newnam & Son Easton, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ~~0228~~ 06212

CERTIFICATE OF DEATH

Reg. Dist. No. 43

Items 13 & 14 Film G169 9-7-54 ert

1. PLACE OF DEATH: COUNTY Balto MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Overlea; LENGTH OF STAY (in this place) 1 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Virginia

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto.; STREET ADDRESS (If rural give location) 2701 Orleans St ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) J (Last) Dunkes

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 1 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never "retired"): Master Plumber

10B. KIND OF BUSINESS OR INDUSTRY: Self.

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Dunkes

14. MOTHER'S MAIDEN NAME: Louisa Geisenreagen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Anna Dunkes 2701 Orleans St

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Tuberculosis of spine — INTERVAL BETWEEN ONSET AND DEATH: 6 mons

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 July, 1954 to 24 July, 1954, that I last saw the deceased alive on 23 July, 1954 and that death occurred at 8:35 AM, from the causes and on the date stated above.

SIGNATURE John H Barnaby ADDRESS M.D. 1531 2 North Ave - DATE SIGNED 25 July 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: July 27-54

NAME OF CEMETERY OR CREMATORY: Holy Redeemer

LOCATION (City, town, or county) (State): Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REGISTRAR: 7-26-54

REGISTRAR'S SIGNATURE: A. W. Bedwell

24. FUNERAL DIRECTOR: Dyppel Bro. ADDRESS: 7110 Belair Rd

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of inf[illegible]

06213

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 12, Film G168 6229 **CERTIFICATE OF DEATH** Reg. Dist. No. 37

7/12/54 fcy

1. PLACE OF DEATH:
COUNTY 7919 W. Moreland Ave MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
STREET ADDRESS (If rural give location) 7919 W. Moreland Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Edwards

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 4 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Italy Castiglione della Valle

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Raffaele Di Bartolomeo

14. MOTHER'S MAIDEN NAME: Angeladivina Cipriani

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Luigi Edwards 7919 W. Moreland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of uterus DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to July 3, 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 9.00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A. Gott, M.D. 8100 Harford Rd 7/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 7 1954 | NAME OF CEMETERY OR CREMATORY Lorraine Mausoleum | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR JUL 6 1954 | REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR Frank Della Vecc | ADDRESS 322 S. High St.

age is especially important. Physicians: please write the causes of death clearly and legibly.

By Phone 8-3-54 ams Items 1c&2 6230

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 06214

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) Since 2/17/2[illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp. Grounds

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Catonsville Baltimore
STREET ADDRESS (If rural, give location) Spring Grove State Hosp. 132 S. Mount St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	M.	ELLERS	July	13	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	2/24/1883	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Inmate	Spring Grove Hospital	Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Benjamin F. Ellers	Sallie Everngam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Mirth Glemm 3637 Hillman Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Hypertensive and arteriosclerotic cardiovascular disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenia

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul Thern M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED July 14, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/15/54	Woodlawn	Woodlawn, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-15-54	A. W. Hedrick	Wm. Cook Inc.	1217 St. Paul st.

155

VS. A11A-5-53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

By phone from Record R[illegible]m, S'SH 8-3-54:
Admitted fr[illegible] S[illegible]ate Hospital on 2/17/23
Record on card: 13[illegible] [illegible]ount St.

ams.

6231

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 07662

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 3

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 2 mos. 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN RFD 2
STREET ADDRESS (If rural, give location) Havre de Grace

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) L. (Last) Enders

4. DATE OF DEATH (Month) July (Day) 28, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-22-1874

9. AGE Last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Balthazer Froelich

14. MOTHER'S MAIDEN NAME: Magaline Hamstacker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Hypertensive c.v. disease	
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Generalized arteriosclerosis	
DUE TO			
	(c)	Chronic brain syndrome with senile brain disease	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of left femur

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Hospital

21c. (City or town) Catonsville (County) Baltimore (State) Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7-22-54 about 3a M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Slipped and Fell while walking down the hall

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo. J. McKinley 1010 Linden ave M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 7-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF 7-31-54

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7-30-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS David R. Martin, 1902 Eutaw place

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6232

06215

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 20 No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1yr.5mo.16days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5000 Beaufort Avenue

3. NAME OF DECEASED: (Type or Print) (First) August (Middle) Christian S. (Last) Essig

4. DATE OF DEATH (Month) July (Day) 1 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	March 19, 1883	71 70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance broker		Maryland	U.S.

13. FATHER'S NAME: Louis Essig

14. MOTHER'S MAIDEN NAME: Mary Grundgreiper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unknown			Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Toxemia	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Multiple decubitus gangrene	
DUE TO		
	(c) Fracture of right hip	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
✓	Hospital	Catonsville 28, Baltimore Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
5-20-54 5:20p. M.		Pushed down by another patient.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo S. McKiernan M. D. 1010 Leeds Ave

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 7-1-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/5/54	Loudon Park Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-2-54	A. W. Hollis D.V.M.	J. Tickner & Sons	Balto 17, Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6233 MARYLAND STATE DEPARTMENT OF HEALTH 06216

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE(19); LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waters of Back River off 6986 River Drive Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE (5)
STREET ADDRESS (If rural, give location) 837 RUTLAND AVENUE

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Edward (Last) EVANS
4. DATE OF DEATH: (Month) 7/13/54 (Day) (Year) 19
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 3/20/1939
9. AGE last birthday: 15 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Prince Edward Co.Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Walter Evans
14. MOTHER'S MAIDEN NAME: Rosa Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Rosa Evans 837 Rutland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF INJURY) BACK RIVER boat. (CITY OR TOWN) EDGEMERE, BALTO.19 (COUNTY) BALTO. (STATE) MD
TIME OF INJURY (Month) (Day) (Year) (Hour) 7--13--54-6:35PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Addidentally fell from boat.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M.D. Davis M.D.
Melvin B. Davis, M.D, Dep.Med. Exam. 6800 Mornington Rd Dundalk 7/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/17/1954 | NAME OF CEMETERY OR CREMATORY Mt Calvery Cem. | LOCATION (City, town, or county) (State) Brooklyn Md.

DATE REC'D BY LOCAL REG. 7-15-54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Edwin O. Wilson | ADDRESS 1000 Brantley Ave

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06217

6234 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural give location) 1616 Middlebrough Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Barbara (Last) Fyster
4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: April 23 1895
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook.
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Ramer
14. MOTHER'S MAIDEN NAME: Phoebe Wertz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service) no.
16. SOCIAL SECURITY No.: 202-09-7668
17. INFORMANT & ADDRESS: Violet Snyder 1616 Middlebrough Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 2 or 3 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertensive Cardiovascular dis. — 10-15 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ,19 54, to 7/8 , 19 54, that I last saw the deceased alive on 5/21 , 19 54, and that death occurred at 1 A.M., from the causes and on the date stated above.
SIGNATURE J. Boath (Degree or title) M.D. ADDRESS 434 Eastern Ave Essex, Md. DATE SIGNED 7/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal. DATE THEREOF 7-8-54 NAME OF CEMETERY OR CREMATORY River View Cemetery LOCATION (City, town, or county) North Cumberland (State) Penna.
DATE REC'D BY LOCAL REGISTRAR 7-8-54 REGISTRAR'S SIGNATURE Hadan
24. FUNERAL DIRECTOR James J. Brady under 1907 Eastern Ave. ADDRESS

06218

MARYLAND STATE DEPARTMENT OF HEALTH

6235

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunshine Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville
STREET ADDRESS (If rural, give location) Sunshine Ave.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) H. (Last) Felber

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 26, 1877

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home.

11. BIRTHPLACE (State or foreign country): Baltimore Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Caleb Spicer

14. MOTHER'S MAIDEN NAME: Margaret Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. C.G. Knight Upper Falls Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval between onset and death: 15 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer and spastic colitis — 5 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 22, 1953, to July 27, 1954, that I last saw the deceased alive on July 26, 1954, and that death occurred at 1:A m., from the causes and on the date stated above.

SIGNATURE: Adam G. Lewis (Degree or title) M.D. ADDRESS 6232 Belair Rd DATE SIGNED July 28, 1954

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: July 29, 1954
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 7-29-54
REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: Henry Sander & Sons Inc. ADDRESS: Baltimore Maryland. Sander & Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06219

6236 CERTIFICATE OF DEATH Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Mt. Wilson
LENGTH OF STAY (in this place) 168 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 31
STREET ADDRESS (If rural give location) 2102 Aliceanna Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) J. (Last) Fisher

4. DATE OF DEATH: (Month) 7/22 (Day) (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 12/15/1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months 7 Days 7 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10B. KIND OF BUSINESS OR INDUSTRY: Bureau of Harbors

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Fisher

14. MOTHER'S MAIDEN NAME: Bessie Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: 2102 Aliceanna St. George J. Fisher, Baltimore 31, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchogenic Carcinoma, right upper lobe — INTERVAL BETWEEN ONSET AND DEATH: over 1 yr.

ANTECEDENT CAUSE (S) DUE TO (B) Pulmonary Tuberculosis; far advanced — approx. 2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized Arteriosclerosis — over 1 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4, 1954 to 7/22, 1954 that I last saw the deceased alive on 7/22, 1954 and that death occurred at 7:25 P. M, from the causes and on the date stated above.

SIGNATURE William Newcomer, M.D. ADDRESS Supt., Mt. Wilson, Md. DATE SIGNED 7/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/26/54 — NAME OF CEMETERY OR CREMATORY St. Stanislaus Cemetery — LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/23/54 — REGISTRAR'S SIGNATURE Helen M. Klein

24. FUNERAL DIRECTOR ADDRESS M.F. Sadowski & Sons, 1808 Eastern Avenue, Baltimore, Md.

JUL 20
BUREAU N. S.

6237

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06220

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 21 — LENGTH OF STAY (In this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 815 Norris Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 21
STREET ADDRESS (If rural, give location) 815 Norris Lane

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) A (Last) Fleiner
4. DATE OF DEATH: (Month) July (Day) 16 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: March 24-1896
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Expediter
10b. KIND OF BUSINESS OR INDUSTRY: Mills Eastern Rolling
11. BIRTHPLACE (State or foreign country): Balto City Md
12. CITIZEN OF WHAT COUNTRY? U S C

13. FATHER'S NAME: Jos Fleiner
14. MOTHER'S MAIDEN NAME: Mary Reibl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs C. A. Fleiner 815 Norris Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular Disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1 , 1953, to July 16 1954 that I last saw the deceased alive on July 16 , 1954, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Physician MD Balto Md 7/17/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7/19/54
NAME OF CEMETERY OR CREMATORY: Parkwood Cem
LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 7/19/54
REGISTRAR'S SIGNATURE: Edith Hurley
24. FUNERAL DIRECTOR: Lancelin Funeral Home
ADDRESS: 7401 Belair Rd

JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06221

6238 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28; LENGTH OF STAY (in this place) Since 6-16-32; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Baltimore 28, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 1729 Harford Avenue

3. NAME OF DECEASED: (First) Julia (Middle) B (Last) Frazier

4. DATE OF DEATH: (Month) 7/11/ (Day) (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-1-1878

9. AGE last birthday 75 yrs; IF UNDER 1 YEAR Months 8 Days 9; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius Frazier

14. MOTHER'S MAIDEN NAME: Mary Herring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Infarcted pneumonia	5 days
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Pulmonary and intracardiac thrombosis	5 days
	DUE TO (C) Arteriosclerosis cardiac vascular disease	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic bronchiectasis		years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 , to , 19 , that I last saw the deceased alive on ..... , 19 , and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE Bruno Radauskas ADDRESS M.D. Spring Grove State Hospital DATE SIGNED 7-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 7-14-54; NAME OF CEMETERY OR CREMATORY Baltimore Cemetery-East North Ave; LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 7-13-54; REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR George J. Ruth Inc; ADDRESS 1795 Harford Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ~~6233~~ 06222

Item 13,14 Film G168A 8/2/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 6011 Pimlico Road

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) FRIEDMAN

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: | 9. AGE last birthday 83 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mfg.
10B. KIND OF BUSINESS OR INDUSTRY: Uniforms
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Morris Friedman
14 MOTHER'S MAIDEN NAME: Anshie Friedman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Fannie Friedman - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 7 years

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized arteriosclerosis — 20 yrs
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. , 1954, to July 27, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 2:45 A M, from the causes and on the date stated above.
SIGNATURE Herbert H. Gruber-Lerner, Jr. M. D.
ADDRESS Cordova Apts
DATE SIGNED July 27, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-28-54
NAME OF CEMETERY OR CREMATORY Baltimore Hebrew
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-28-54
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eutaw Pl

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6240

MARYLAND STATE DEPARTMENT OF HEALTH

06223

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) — MARYLAND

HOSPITAL OR INSTITUTION OR STREET ADDRESS Pulgway Manor Catonsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — Md. — STREET ADDRESS (If rural give location) 629 Oregon Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Augusta	K	FROER	July	25	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	W	Widow	Aug 10-1872	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Germany	U.S.A.

13. FATHER'S NAME Martin Dorsch

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Herbert Froer 318 S. Woodyear

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Senility	undet.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	undet.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Nov. 12, 1953, to July 25, 1954, that I last saw the deceased alive on July 24, 1954, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Bradley Dauphantley	1264 Francis Ave	7-26-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 28-1954	Loudon Park	Frederick	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-27-54	A W Anderson	Gertrude Keary	3246 Carrollton Ave

VS. A15

06224

6193 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus | LENGTH OF STAY (in this place) 6 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1253 Stevens Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1253 Stevens Ave.,

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Sumner (Last) German

4. DATE OF DEATH (Month) July (Day) 3, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Nov. 19, 1875

9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter & Builder

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph S. German

14. MOTHER'S MAIDEN NAME: Elizabeth Foreman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-12-7128

17. INFORMANT AND ADDRESS: Clarence E. German 621 N. Augusta Av.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) senility and generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Jan. 5, 19 54 to Jan. 3rd, 19 54, that I last saw the deceased alive on Jan. 3rd, 19 54, and that death occurred at 1005 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mr Paul Byers — ADDRESS 2033 W North Ave. Balto — DATE SIGNED 7/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-6-1954 — NAME OF CEMETERY OR CREMATORY Woodlawn — LOCATION (City, town, or county) Woodlawn (State) Md.

DATE REC'D BY LOCAL REG. 6-5-54 — REGISTRAR'S SIGNATURE H.W. Redmond Dep.

24. FUNERAL DIRECTOR G. Howard Strong — ADDRESS 3207 W. North Ave.,

VS. A15

6241 **MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06225

Reg. Dist. No. 31

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE Maryland
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 3508 Essex Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
   STREET ADDRESS (If rural, give location) 3508 Essex Road

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) (Last) Goldstein

4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1895

9. AGE last birthday: 59 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): London, England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hillel Verien

14. MOTHER'S MAIDEN NAME: Rebecca Verien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: David Goldstein — Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Infarction	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 19 52, to 7-14, 19 54, that I last saw the deceased alive on 7-14, 19 54 and that death occurred at 7.20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stanley Roy Steinbach — ADDRESS: 3334 Dolfield Ave — DATE SIGNED: 7-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-16-1954 — NAME OF CEMETERY OR CREMATORY: Washington Rd — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 7-15-54 — REGISTRAR'S SIGNATURE: A.W. Hedrick — 24. FUNERAL DIRECTOR: Jack Levin Inc — ADDRESS: 2100 Eutaw Pl

Items 8, 23: Film G168 A 8/9/54 c

06226

6242 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

Item 1 film G168 A 8/9/54 cm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE M.N. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Durham
STREET ADDRESS (If rural, give location) 532 Barnes Ave.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) HAYWOOD (Last) GOOCH
4. DATE OF DEATH (Month) (Day) (Year): 7-27-1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 19, 1913
9. AGE last birthday: 41 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James D. Gooch
14. MOTHER'S MAIDEN NAME: Sudie Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.
17. INFORMANT: Eliz. W. Gooch, Durham, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: JONES CREEK
(CITY OR TOWN): SPARROWS POINT (19) (COUNTY): BALTO. (STATE): md
TIME OF INJURY (Month) (Day) (Year) (Hour): 7-25-54 9 p m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? FELL FROM BOAT

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. C. Davis M.D. (Degree or title): Dep. Med. Exam. ADDRESS: Glendale, W. Va. DATE SIGNED: 7/27/54

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 7-29-54
NAME OF CEMETERY OR CREMATORY: Woodlawn Memorial Park
LOCATION (City, town, or county): Durham, NC. (State): North Carolina
DATE REC'D BY LOCAL REG.: July 30-54
REGISTRAR'S SIGNATURE: Dawson D. Harbin
24. FUNERAL DIRECTOR: Howard H. Hubbard, ADDRESS: 2105 Wilkens Ave.

VS. A15A

MARYLAND 6243

06227
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PITH UNFADING INK. Every item of information should be carefully supplied. correct age is especiht. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print) FLORENCE GOUSHA

2. DATE OF DEATH 7/10 1954

3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE COUNTY 3.24

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7609 CEDAR RD. DUNDALK 3.22

C. Length of stay in Baltimore 46 yrs in Baltimore County (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE DUNDALK B. COUNTY BALTIMORE COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE COUNTY 3.2
D. STREET ADDRESS (If rural, give location) 7609 CEDAR RD DUNDALK

5. SEX f. | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 3/4 1903 | 9. AGE (In years last birthday) 51 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | 10B. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) ITALY | 12. CITIZEN OF WHAT COUNTRY? AMERICAN

13. FATHER'S NAME ? VIGNA

14. MOTHER'S MAIDEN NAME Not Known.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO no

17. INFORMANT HUSBAND EMORY J. GOUSHA, ADDRESS 7609 CEDAR Rd.

CAUSE OF DEATH

AL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease & chronic and subacute failure — INTERVAL BETWEEN ONSET AND DEATH: 10 years

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. diabetis mellitus, mild.

19A. DATE OF OPERATION no operations | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II | 20. AUTOPSY? YES ☐ NO ☐

22. *I hereby certify that I attended the deceased from* 6/29 19 54, *to* 7/10 19 54, *that I last saw the deceased alive on* 7/7 19 54, *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE H. MARGRET GASSENHAUS M. D. | 23B. ADDRESS 6106 CHINQUAPIN PARKWAY, 3.12 | 23C. DATE SIGNED 7/10 54

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 7-13-54 | 24C. NAME OF CEMETERY OR CREMATORY Moreland Park | 24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR 7-12-54 | REGISTRAR'S SIGNATURE a w Hedrick | 25. FUNERAL DIRECTOR Leonard J Ruck | ADDRESS 5305 Harford

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06228

6244

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-54

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3029 Willoughby Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
STREET ADDRESS (If rural give location) 3029 Willoughby Road

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) George Louis (Last) Grund

4. DATE OF DEATH: (Month) July (Day) 19th (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Apr. 24, 1888	66 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Louis Grund
14. MOTHER'S MAIDEN NAME: Emma Muhly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-01-7139
17. INFORMANT & ADDRESS: Mrs. Amelia C. Grund, 3029 Willoughby Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cancer Lungs #2	1953
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Metastasis - Generalized	1954
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953 to July 17, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE Harold H Burns M. D. ADDRESS 115 E. Cage St DATE SIGNED July 20, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jul 22, 1954
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-21-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

Dr. Burns
[redacted]
2823 Linwood -

06229

MARYLAND 3 6245

STATE DEPARTMETT OF HEALTH

Item 9, Film G168
7/8/54 fcy

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 N. Beechwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 114 N. Beechwood Rd.

3. NAME OF DECEASED (Type or Print): (First) ELEANOR (Middle) K. (Last) HALL

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 2, 1881

9. AGE last birthday: 72 6/12 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Kries

14. MOTHER'S MAIDEN NAME: Laura J. Reeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Harry R. Hall, Jr. 114 N. Beechwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial pneumonia — Interval between onset and death: 24 hrs.

Antecedent cause(s) (b) Generalized - Metastatic Carcinoma — 18 months

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1954, to July 1, 1954, that I last saw the deceased alive on July 1, 1954, and that death occurred at 11.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Emmert Ford M.D. ADDRESS 6 Dutton Ave. Catonsville 28. DATE SIGNED 7/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 7-3-54 | NAME OF CEMETERY OR CREMATORY Loraine Park Cem. | LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 7/3/54 | REGISTRAR'S SIGNATURE T. E. Harry

24. FUNERAL DIRECTOR Leroy A. Foley. ADDRESS Catonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06230

6246 CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 31 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans AdministrationHospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1333 West North Avenue

3. NAME OF DECEASED: (First) GEORGE (Middle) (NMI) (Last) HANDY

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-26-92

9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Card Company

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Tom Handy

14. MOTHER'S MAIDEN NAME: Sara Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PAPILLARY ADENOCARCINOMA OF COLON — INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1954 to July 24, 1954, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 8:55 AM, from the causes and on the date stated above.

SIGNATURE: BEN STORER, M.D. Ben Storer
ADDRESS: M.D. VAH, Fort Howard Maryland
DATE SIGNED: 7-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7-28-54
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7-26-54
REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Arlington Phillips Funeral Home 1608 N. Monroe Street, Baltimore 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06231

6194 CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE WRITE PLAINLY. The MARGIN RESERVED FOR BINDING UNFADING INK. Every item of information should be carefully supplied. correct age is especially it. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Joseph W. HANNA
2. DATE OF DEATH: 7/25/54
3. PLACE OF DEATH: A. Baltimore City, Maryland Asbutus
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 807 FRANCIS Ave.
c. Length of stay in Baltimore: Yrs. 60 Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 809 FRANCIS Ave. 24
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-25-1889
9. AGE (In years last birthday): 75 If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horse Shoer
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 219-01-6355A
17. INFORMANT: Mr. Robert W. HANNA ADDRESS: SAME Above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive A. S. C. V. D.

DUE TO

ANTECEDENT CAUSES

(B) a terminal massive

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) cerebral Hemorrhage

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Coronary Insufficiency

19A. DATE OF OPERATION —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED —
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES ☐ NO ☑
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1953, to 7/25, 1954, that I last saw the deceased alive on 7/25, 1954, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE: John E. Healy M. D.
23B. ADDRESS: Baltimore, Md.
23C. DATE SIGNED: 7/26/54

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-28-1954
24C. NAME OF CEMETERY OR CREMATORY: Western Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: 7-27-54
REGISTRAR'S SIGNATURE: A W Heinsch
25. FUNERAL DIRECTOR ADDRESS: E. Truman Lahmer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06232

6247

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 21yr 4mo 10da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 13
STREET ADDRESS (If rural give location) 1627 L Llewellyn Av.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) A (Last) Harmon

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W | 8. DATE OF BIRTH: Jan 25, 1884 | 9. AGE last birthday: 70 yrs. | IF UNDER 1 YEAR: Months 6 Days 6 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Theodore Hyde Shipley

14. MOTHER'S MAIDEN NAME: MaryAnn Morrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk

17. INFORMANT'S ADDRESS: Spring Grove State Hosp. Catonsville 28 Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X IMMEDIATE CAUSE	(A) Cerebrovascular accident	13 da.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) cereb-vasc arteriosclerosis	1yr.
	DUE TO (C) Generalized arteriosclerosis	yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 11, 1954 to July 31, 1954 that I last saw the deceased alive on July 31, 1954, and that death occurred at 10 35 M, from the causes and on the date stated above.

SIGNATURE Ethel R. Zimmermann-Green M.D. ADDRESS Spring Grove State Hosp Balto 28 Md DATE SIGNED July 31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-4-54 | NAME OF CEMETERY OR CREMATORY Morelands Park | LOCATION (City, town, or county) Drayton Ave Balto Co (State)

DATE REC'D BY LOCAL REGISTRAR 8-5 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR George J Ruth Inc ADDRESS 1235 Hanford Ave

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06233

6248

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH.
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (In this place) 78 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural give location) #1 COLLEGE CREEK TERRACE

3. NAME OF DECEASED: (Type or Print) (First) VANSIE (Middle) (NMI) (Last) HAYES

4. DATE OF DEATH: (Month) JULY (Day) 22 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 1/5/93

9. AGE last birthday: 61 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ANNAPOLIS, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: PERRY HAYES

14. MOTHER'S MAIDEN NAME: HERNIETTA MURRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 212 28 3771

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp., Ft.Howard, Laryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) METASTATIC TRANSITIONAL CELL CARCINOMA

ANTECEDENT CAUSE (B) DUE TO TO BRAIN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 6/28/54

19b. MAJOR FINDINGS OF OPERATION: Trephine Left, inoperative

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 5, 1954, to JULY 22, 19.54, that I last saw the deceased alive on [redacted] and that death occurred at 10:35A M, from the causes and on the date stated above.

SIGNATURE C. GONZALEZ, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 7/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: 7-26-54

NAME OF CEMETERY OR CREMATORY: ANNAPOLIS NATIONAL

LOCATION (City, town, or county) (State): ANNAPOLIS, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: July 26, 1954

REGISTRAR'S SIGNATURE: Dawson L Farber

24. FUNERAL DIRECTOR: WILLIAM REESE FUNERAL HOME ADDRESS: 108 WEST WASHINGTON STREET, ANNAPOLIS, MD.

VS. A15 — 10 —

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUL 29 1
BUREAU V. S.

Item 18 Film G168 7/20/54 ams

06234

MARYLAND 6249

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 6 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RECEDO KNOLL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) RECEDO KNOLL- MAIDEN CHOICE LANE

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) — (Last) HENRY

4. DATE OF DEATH: (Month) JULY (Day) 3 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOW

8. DATE OF BIRTH FEB. 26, 1866

9. AGE last birthday 88 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) NEW YORK

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BEELER

14. MOTHER'S MAIDEN NAME NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS (Record Mull Record)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X **Immediate cause** (a)..... Acute cardiac failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b).... Cardio vascular renal disease

(c).... Carcinoma left breast (right breast removed some years ago for cancer)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George S. M. KIEFFER per J.T. Cockey M.D. ADDRESS 2470 Washington Blvd DATE SIGNED 7/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE July 5, 1954 NAME OF CEMETERY OR CREMATORY New Forest Cem. LOCATION (City, town, or county) (State) Utica, New York

DATE REC'D BY LOCAL REG. 7-5-54 REGISTRAR'S SIGNATURE T.E. Darby

24. FUNERAL DIRECTOR George A. Farley, Catonsville, Md. ADDRESS

MARYLAND 6250

06235

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

38

Reg. Dist. No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Mrs. Sallie Ryan Hysan

2. DATE OF DEATH: 7/22/54

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore County

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Villa BV

C. Length of stay in Baltimore: 87 Yrs. 5 Mos. 14 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Bellona Avenue ✓

5 SEX: Female
6 COLOR OR RACE: White
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 8, 1867
9 AGE (In years last Birthday): 87
If Under 1 Year: Months 5 Days 14
If Under 24 Hours: Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Timothy Ryan
14. MOTHER'S MAIDEN NAME: Mary W. Shortall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Wm. B. Hysan, Jr.- ADDRESS: 225 Wendover Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Thrombosis — 2 days

DUE TO

(C) Bronchio-Pneumonia — 2 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B CONDITION FOR WHICH OPERATION WAS PERFORMED:
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20 AUTOPSY? YES ☐ NO ☐

22. I hereby certify that I attended the deceased from January 27, 19 54, to July 22, 19 54, that I last saw the deceased alive July 22 19 54 and that death occurred at 2:30 P. m., from the causes and on the date stated above

23A. SIGNATURE: Dr John A. Hannon M.D.
23B. ADDRESS: 11 E. Chase Street
23C. DATE SIGNED: 7/23/54

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/26/54
24C NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or County) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 24 1954
REGISTRAR'S SIGNATURE: Huntington Williams, M.D. Neil Gray
12D. FUNERAL DIRECTOR: ADDRESS: G. F. Meard & Son - 805 N. Calvert Street

BUREAU V. S.

6251 MARYLAND STATE DEPARTMENT OF HEALTH 06236

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home Hegester & Sherwood Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 13; STREET ADDRESS (If rural, give location) 3507 Crossland Ave.

3. NAME OF DECEASED (Type or Print): (First) DORA (Middle) A. (Last) JACKSON

4. DATE OF DEATH: (Month) (Day) (Year) July. 27. 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Apr. 2. 1862

9. AGE last birthday: 92yrs yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): St. Mary's County. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Wheatley

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Charles A. Gontrum (Grandson) 3507 Crossland Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General arteriosclerosis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 19 54, to July 27, 19 54, that I last saw the deceased alive on July 26, 19 54, and that death occurred at 1:14 a. m., from the causes and on the date stated above.

SIGNATURE: Wm. J. Schmidt (Degree or title) M.D. ADDRESS 701 N. Kenwood Ave. DATE SIGNED July 28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jul. 29. 1954

NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 7-29-54

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. ADDRESS Baltimore Md. Henry Sander & Sons

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06238

6252 CERTIFICATE OF DEATH

Reg. Dist. No. 50

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 4 mo. 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1824 Light Street

3. NAME OF DECEASED: (First) Daisy (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) July (Day) 6, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: March 1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant
10B. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Kramer
14. MOTHER'S MAIDEN NAME: Eleanor Kramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Generalized peritonitis — 1 week
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Perforation at sigmoid flexure — 1 week
DUE TO
(C) Fecal Impaction — 1 month

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7-1-54
19B. MAJOR FINDINGS OF OPERATION: Peritonitis and abscess of right lower quadrant
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23- , 1954, to 7-6- , 19 54 that I last saw the deceased alive on 7-5- , 19 54 and that death occurred at 1:05 A.M., from the causes and on the date stated above.

SIGNATURE Estelle B. Heymann Green M. D.
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 7-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF July. 9/54
NAME OF CEMETERY OR CREMATORY LOUDON PARK
LOCATION (City, town, or county) (State) BALTO, MD.

DATE REC'D BY LOCAL REGISTRAR 7-9-54
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Harry Witzke
ADDRESS 4101 EDMONDSON AVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06239

6253 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 800 Chauncey Ave.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) ABRAHAMS (Last) JOHNSON

4. DATE OF DEATH: (Month) July (Day) 11, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: July 18, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk (rtd)

10B. KIND OF BUSINESS OR INDUSTRY: Circuit Court Balto

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. T. Johnson

14. MOTHER'S MAIDEN NAME: Mary Frances Abrahams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Howard P. Johnson-1901 Fairbank Rd.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Carcinoma, rt. Lung	6 mos +
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Cerebral Arteriosclerosis	10 years
	Carcinoma, rt. Kidney	8 years

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 1954, to July 11, 1954, that I last saw the deceased alive on July 1, 1954, and that death occurred at .... M, from the causes and on the date stated above.

SIGNATURE Herbert Goldstone M. D. ADDRESS DATE SIGNED July 12, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/14/54	Glen Haven Memorial Cem.	Glen Burnie, Md.

DATE REC'D BY LOCAL REGISTRAR 7-13-54 | REGISTRAR'S SIGNATURE A W Hodges | 24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto 17 Md.

6254 MARYLAND STATE DEPARTMENT OF HEALTH 06240

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Beaver Dam Road

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Roosevelt (Last) Johnson
4. DATE OF DEATH (Month) (Day) (Year): July 5, 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 2, 1904
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver at stone quarry
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Carroll County
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Edith Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-12-3272
17. INFORMANT AND ADDRESS: Helen Johnson, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation due to compression of chest and abdomen. Internal injuries. — 15 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. DID FINAL CAUSE WAS: PRIMARY ☒ or CONTRIBUTING ☐
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway
(CITY OR TOWN) (B.St.) (COUNTY) (STATE): Worthington Ave. Glyndon, Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): July 5, 54 — 3:30 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Car failed to negotatate curve in road, side swiped a pole, jumped ditch and over-turned.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
D. D. Taylor Deputy Med. Exam. M.D. Reisterstown, Md. 7-6-54

FINAL DISPOSITION (Burial, Cremation, Removal) Burial — DATE THEREOF 7/8/54 — NAME OF CEMETERY OR CREMATORY Stephenson A.M.E. — LOCATION (City, town, or county) (State) Sparks, Md.

DATE RECD BY LOCAL REGISTRAR 7-8-54 — REGISTRAR'S SIGNATURE Mary B. Sline.
24. FUNERAL DIRECTOR — ADDRESS: L. Scott Brooks, Sparks, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06241

6255

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Moulton (Rural) LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Moulton (Rural)
STREET ADDRESS (If rural give location) York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ambrose (Middle) (Last) Jones

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Feb 3, 1892 | 9. AGE last birthday: 62 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Penn. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jones | 14. MOTHER'S MAIDEN NAME: Barbara Gettle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: 216-24-6744 | 17. INFORMANT & ADDRESS: Mrs Albert Wilhelm, Butler, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 15 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) Coronary sclerosis — 4 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: V | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

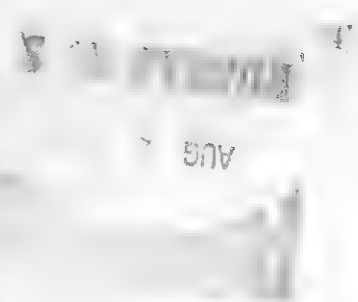
22. I hereby certify that I attended the deceased from May ....., 1950, to July 15, 1954, that I last saw the deceased alive on July 15, 1954, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Sewell M.D. | ADDRESS Cockeysville, Md. | DATE SIGNED 7/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-24-54 | NAME OF CEMETERY OR CREMATORY New Oakland Methodist | LOCATION (City, town, or county) Cockeysville, Md.

DATE REC'D BY LOCAL REGISTRAR July 30, 1954 | REGISTRAR'S SIGNATURE Esenate W. Markeine

24. FUNERAL DIRECTOR J. Scott Brooks | ADDRESS Sparks, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

06242

6256

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stansbury Manor
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3714 Lock Raven Blvd.

3. NAME OF DECEASED (Type or Print): (First) DR. (Middle) VINCENT V. (Last) JOSKA

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 4, 1898

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): M.D.

10b. KIND OF BUSINESS OR INDUSTRY: own

11. BIRTHPLACE (State or foreign country): EPoland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Vincent Joska

14. MOTHER'S MAIDEN NAME: Frances Vasicek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W. W. 1

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hilda Novotny Joska, wife, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (b): Hypertensive Cardio-Vascular Disease — Interval between onset and death: 3yrs —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (a): Coronary Occlusion —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN): —
(COUNTY):
(STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide , undetermined ☐.*

SIGNATURE: W. F. Davis M.D. (Degree or title): Dep. Med. Examiner ADDRESS: Dundalk Md. DATE SIGNED: 7/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: July 5, 1954
NAME OF CEMETERY OR CREMATORY: Greenmount Crematory
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 7-2-54
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-2-5 E. Madison St.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06243

6257

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 307 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 13
STREET ADDRESS (If rural give location) 1125 N. Bradford Street

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Charles (Last) Kasda

4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 9/22/1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months 10 Days 4 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab Driver

10B. KIND OF BUSINESS OR INDUSTRY: Taxi cab company

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Kasda

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: James Kasda, 1125 N. Bradford St. Baltimore 13, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Hypernephroma, right kidney	11 mos.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Pulmonary Tuberculosis; Far Advanced	18 mos.
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1953 to 7/14, 1954, that I last saw the deceased alive on 7/14, 1954, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

SIGNATURE William Newcomer Wm. Newcomer, M.D. ADDRESS Mt. Wilson, Maryland DATE SIGNED 7/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 7/19/54

NAME OF CEMETERY OR CREMATORY HOLY REDEEMER

LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7/14/54

REGISTRAR'S SIGNATURE Helen M. Kerr

24. FUNERAL DIRECTOR ADDRESS Geo. J. Ruth, 1735 Harford Ave. Baltimore, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

JUL 20 1954

BUREAU V

06244

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0258 **CERTIFICATE OF DEATH** Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Wayne Nurs. Home Catonsville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City

STREET ADDRESS (If rural, give location) 5212 Gwynn Oak Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
DORA	CATHERINE	KEENAN	Joly	11	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Dec. 3, 1874	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	West Virginia	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Wm. N. Offutt	Emma C. Schaffenaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	A. Frank Keenan, 1424 Central Av. Ocean City, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio-Sclerosis	15 yrs
DUE TO		
	(c) Diabetes mellitus	5 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. (over)

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 7/6, 19..., to 7/11, 19 54, that I last saw the deceased alive on 7/7/54, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

SIGNATURE J. H. Harper M.D. (DEGREE OR TITLE) ADDRESS 5701 Gwynn Oak Ave DATE SIGNED 7/14/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 14, 1954	Queen's Point,	Keyser, W. Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-13-54	A. O. Hedrick	Stewart & Mowen Company	108 W. North Ave. Baltimore - 1, Md.

Mrs Keenan had a stroke down in Ocean City N.J. in April 1954 - Had some mental aberation following this - ~~necessitating~~ her incarceration in a nursing home.

6184 MARYLAND STATE DEPARTMENT OF HEALTH 06245

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

ME The correct age

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk (22) LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 Yorkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY Same
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (Or rural route give location) Same

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Joseph	Norwood	Kelly		7	2	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7-25-1897	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Steel Mfgr	Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Kelly	Mary Richter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	213-03-4265	Evelyn R. Kelly - Same

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardio-Vascular Renal Disease	5 yrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	5 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M Davis MD	Dep Med. Exam.	Dundalk, Md	7/3/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-6-54	Baltimore National	Balto. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 3-1954	William M. Kelly	Wm. Borden Bradley	Dundalk, Md

54

BUREAU V, 91

(2)

MARYLAND STATE DEPARTMENT OF HEALTH

6259 2411 N. Charles Street, Baltimore

07063

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland
LENGTH OF STAY (in this place) ×
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3325 Hollins Ferry Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland
STREET ADDRESS (If rural, give location) 3325 Hollins Ferry Rd

3. NAME OF DECEASED (Type or Print) (First) John (Middle) G. (Last) Kinstler

4. DATE OF DEATH (Month) July (Day) 31 (Year) 54

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED or DIVORCED (Specify) Married | 8. DATE OF BIRTH June 6, 1877 | 9. AGE last birthday 77 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Used Car Business Own Business | 11. BIRTHPLACE (State or foreign country) Balto. Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John G. Kinstler | 14. MOTHER'S MAIDEN NAME Margaret Sachs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mrs. Annie B. Kinstler, 3325 Hollins Ferry Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C.V.D	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan Y, 19 53, to July 31, 19 54 that I last saw the deceased alive on July 30, 19 54, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Paul Schofield (Degree or title) ADDRESS 720 Annapolis Rd DATE SIGNED 8/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 3/54 | NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Pk. | LOCATION (City, town, or county) Dorsey, Md. (State)

DATE REC'D BY LOCAL REG. 8-3-54 | REGISTRAR'S SIGNATURE Rob't Holland Deputy | 24. FUNERAL DIRECTOR Harry A. Leitzke, 401 Edmondson Ave ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6260 06246

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 31

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Court Rd Presbyterian Church

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Rural Granite
STREET ADDRESS (If rural, give location) Old Court Rd nr Dogwood Rd

3. NAME OF DECEASED: (First) Harriet (Middle) [illegible] (Last) Klein
4. DATE OF DEATH (Month) July (Day) 18 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	Jan 18 1870	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	England	USA

13. FATHER'S NAME: [illegible] Rudkin
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		[illegible]	Jacob Klein Granite Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Cardiovascular disease	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo M Kieffer 1010 Leader Ave M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED July 18 54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-21-54	Granite Presbyterian	Granite Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-20-54	Wm E Harden	Green Heights	Stevenson Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
1954
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06247

6261

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River; LENGTH OF STAY (In this place) 6 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall N. H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg; STREET ADDRESS (If rural give location) 707 Old Home Rd

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) E (Last) Krautz

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Dec 23-1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Wm Hartman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr John W. Krautz 707 Old Home Rd

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) ACUTE PULMONARY EDEMA	1 HR
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) ARTERIO-SCLEROTIC HYPERTENSIVE	
	DUE TO	
	(C) CARDIO-VASCULAR DISEASE	10 YRS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. , 1953, to July 13 , 1954, that I last saw the deceased alive on July 13 , 1953., and that death occurred at 12:49 PM, from the causes and on the date stated above.

SIGNATURE Louis Lemenoff M. D. ADDRESS 1437 Tusky Ave Balto Md DATE SIGNED 7/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 7/15/54; NAME OF CEMETERY OR CREMATORY Maryland Memorial Park; LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 7/17/54; REGISTRAR'S SIGNATURE Faith Hurley; 24. FUNERAL DIRECTOR Lassahn Funeral Home; ADDRESS 7401 Belair Rd

JUL 22 1954
BUREAU V. S.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06248

6262

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 1 mo. 1 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MICHAEL (Middle) (Last) KRISTOVICH

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (?)

8. DATE OF BIRTH: (?)

9. AGE last birthday (?) 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOILERMAKER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): AUSTRIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (?)

14. MOTHER'S MAIDEN NAME: (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. (?)

17. INFORMANT & ADDRESS: St Marys County Welfare Board, Maryland.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Cardiac failure and hypostatic pneumonia	12 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerotic heart disease	Years
	DUE TO (C) Generalized arteriosclerosis	Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1954 to July 27, 1954, that I last saw the deceased alive on July 24, 1954, and that death occurred at 10 40 P.M., from the causes and on the date stated above.

SIGNATURE Spring Grove Hospital by H Cowern M.D. ADDRESS Catonsville Md DATE SIGNED 7/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF July 31/1954 | NAME OF CEMETERY OR CREMATORY Our Ladys | LOCATION (City, town, or county) (State) Medley Neck Md

DATE REC'D BY LOCAL REGISTRAR 7/28/54 | REGISTRAR'S SIGNATURE V E Harry | 24. FUNERAL DIRECTOR Jos. C. Mattingly | ADDRESS Leonardtown Md.

BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06249

6263 **CERTIFICATE OF DEATH** Reg. Dist. No. 23

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 2612 Laverne Ave /

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) F.L. (Last) Kruger

4. DATE OF DEATH: (Month) July (Day) 14, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 9, 1892

9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest

10b. KIND OF BUSINESS OR INDUSTRY: Chas. Zies Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ernest Kruger

14. MOTHER'S MAIDEN NAME: Louisa Rittersefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-01-1318

17. INFORMANT & ADDRESS: Florence E. Kruger, 2612 Laverne Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
1 / 1 X
Immediate cause (a) C A Stomach C
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Generalized Metastases
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7, 1954, to 7/14, 1954, that I last saw the deceased alive on 7/14, 1954, and that death occurred at 9:05 a.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) John C. Craley M.D. ADDRESS Hereford M.D. DATE SIGNED 7/14/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF 7-17-54
NAME OF CEMETERY OR CREMATORY Meadow Ridge
LOCATION (City, town, or county) (State) Balto., County

DATE REC'D BY LOCAL REG. 7-15-54
REGISTRAR'S SIGNATURE C W Hedrick
24. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Ave.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06250

6264 CERTIFICATE OF DEATH Reg. Dist. No. ... .

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2901 Annapolis Rd.

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) W. (Last) KUCHTA

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 9-13-13

9. AGE last birthday 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Kuchta

14. MOTHER'S MAIDEN NAME: Ida Bronska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 214-14-3396

17. INFORMANT'S ADDRESS: Clinical Records, Vet. Adm. Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PERITONITIS — INTERVAL BETWEEN ONSET AND DEATH: 15 Days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) RUPTURE OF ACUTELY INFLAMED DIVERTICULUM DUE TO OF SIGMOID — 15 Days

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1954, to July 4, 1954, ~~[illegible]~~ and that death occurred at 9:50 AM, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift, M. D. ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 7-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 7-8-54 NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery LOCATION (City, town, or county) (State) German Hill Road Baltimore County, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-6-54 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS John M. Weber Funeral Home 401 S. Chester St., Baltimore, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06251

6265

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus

STREET ADDRESS (If rural, give location) 1219 Poplar Ave.

3. NAME OF DECEASED: (Type or Print) (First) Bertha Elizabeth (Middle) Lang (Last)

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	Widow	Sept. 12, 1875	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Germany	US

13. FATHER'S NAME: Christian Schmunck

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
none		Helen Lang, 4726 Gateway Terrace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c) Hypertensive cardiovasc. disease. Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 6-30, 1954, to 7-7, 1954, that I last saw the deceased alive on 7-5, 1954, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE Stephen Magness (DEGREE OR TITLE) MD ADDRESS Catonsville DATE SIGNED 7-7-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-10-54	Loudon Park	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7/9/54	E. E. Harry	Howard H. Hubbard 4107 Milkens Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06252

6266 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5216 Fourth Street

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) A. (Last) LANGLOIS

4. DATE OF DEATH: (Month) July (Day) 5, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 12-4-98

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B KIND OF BUSINESS OR INDUSTRY: Structural painting

11. BIRTHPLACE (State or foreign country): Spencer, Massachusetts

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alfred Langlois

14. MOTHER'S MAIDEN NAME: Matilda Duhannel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 082-16-4435

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) PSORIASIS — Unknown

DUE TO

(C) OSTEOARTHRITIS — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that X attended the deceased from June 20, 1954, to July 5, 1954 and that death occurred at 10:05 PM, from the causes and on the date stated above.

SIGNATURE IRVING FREEMAN, Acting Chief, Medical Service

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 7-6-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7-8-54

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7/6/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Edward Paulson Funeral Home 2359 Washington Boulevard, Balto., Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6267

CERTIFICATE OF DEATH

06253

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE, MD.
LENGTH OF STAY (in this place) + 10 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS CATON RIDGE NURSING HOME HARLEM LANE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 614 S. FAGLEY ST.

3. NAME OF DECEASED: (Type or Print) (First) MARTIN (Middle) (Last) LANKENAU

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~, (Specify): WIDOWED

8. DATE OF BIRTH: 7/26/76

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired: FIREMAN, RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: BAUGH CHEMICAL CO.

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: NOT KNOWN

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: BERTHA DOULONG 614 S. FAGLEY ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Chronic Congestive Heart Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hemiplegia left old
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1953, to 14 Oct, 1954, that I last saw the deceased alive on 14 Oct., 1954, and that death occurred at 7.40 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. R. Guth M.D. ADDRESS 1707 Edmondson Ave, Catonsville 28md DATE SIGNED 16/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **DATE THEREOF** 7/19/54 **NAME OF CEMETERY OR CREMATORY** SCHWARTZ'S CEMT. **LOCATION (City, town, or county) (State)** BALTO. CITY, MD.

DATE REC'D BY LOCAL REGISTRAR 7-16-54 **REGISTRAR'S SIGNATURE** C. W. Hedrick

24. FUNERAL DIRECTOR C. F. HOFFMANN **ADDRESS** 2219 LAKE AVE.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06254

6268 CERTIFICATE OF DEATH

Reg. Dist. No. . .

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 23yr.1mo.5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (First) Katie (Middle) (Last) Last

4. DATE OF DEATH: (Month) July (Day) 29, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1870

9. AGE last birthday: 84? yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic cardiovascular disease — Years

DUE TO (C) Generalized arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: U

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5- , 19 54 to 7-29- , 19 54 , that I last saw the deceased alive on 7-29- , 19 54 , and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE (Ethel B. Hunsaker-Jacobs M.D.) ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 7-29-54

23 (BURIAL, CREMATION, REMOVAL (SPECIFY)) Burial — DATE THEREOF July 31/54 — NAME OF CEMETERY OR CREMATORY Baltimore — LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 7/30/54 — REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Philip Herwig's Son — ADDRESS 2024 Gilmor St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07064

CERTIFICATE OF DEATH

6269 Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 5[illegible]

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 88 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 2823 W. LANVALE STREET

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) J. (Last) LEE

4. DATE OF DEATH: (Month) JULY (Day) 30 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 10-4-94

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WAITER

10B. KIND OF BUSINESS OR INDUSTRY: RESTAURANT

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS C. LEE

14. MOTHER'S MAIDEN NAME: FLORENCE MITCHELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-09-9858 ~~UNKNOWN~~

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP.FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE LEFT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 7 MONTHS

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from MAY 3 , 1954, to JULY 30 , 1954, and that death occurred at 4:45 AM, from the causes and on the date stated above.

SIGNATURE William B. VanDegrift M.D. ADDRESS M. D. VAH FT. HOWARD, MD DATE SIGNED 7/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 8-4-54 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY — LOCATION (City, town, or county) (State) 5501 FREDERICK ROAD BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR 8-4-54 — REGISTRAR'S SIGNATURE A.W. Hedrick per Charles Glasgow

24. FUNERAL DIRECTOR CHARLES G. COOPER — ADDRESS 512 N. CARROLLTON AE BALTO. MD.

RCB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06255

CERTIFICATE OF DEATH

Reg. Dist. No. 37

6270

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8000 Old Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 8000 Old Harford Road

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
CATHERINE (KATE) M. LENNERT	July 6, 1954	female	white	single	Jan. 15, 1870	84 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Sales Lady	O'Neills Dept. Store	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Lennert	Mary Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
0	218-07-8422 A	Edward G. Webb, 8000 Old Harford Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Adam's Stokes Syndrome — 422.1

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Cardio-vascular Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 6 19 54 to July 6 19 54, that I last saw the deceased alive on July 6, 19 54, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Frank J. Kaluk, M.D. 9005 Harford Rd. 7/8/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/9/54	Druid Ridge Cemetery	Pikesville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-7-54	Asst. Registrar	Wm. Cook Inc.,	1217 St. Paul Street

Duck

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6271 **CERTIFICATE OF DEATH** Reg. Dist. No. 06256 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 5; LENGTH OF STAY (in this place) 1mo.29days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural give location) 607 Aldenshot Road

3. NAME OF DECEASED: (First) Betty (Middle) H (Last) Leuze

4. DATE OF DEATH: (Month) July (Day) 19, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH. 8-25-1891

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William O'Keefe

14. MOTHER'S MAIDEN NAME: Sarah Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 26 days

ANTECEDENT CAUSE (S) DUE TO (B) Cardiovascular accident — Over 2 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertensive c.v. disease — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis — Years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20- , 1954, to 7-19- , 1954, that I last saw the deceased alive on 7-19- , 1954, and that death occurred at 11:25 M., from the causes and on the date stated above.

SIGNATURE Ethel B. Herrmann-Drew M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 7-19-54

23. BURIAL, CREMATION, REMOVAL, (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/22/54	Druid Ridge	Cockeysville Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/21/54	V.E. Harry	Mac Watt + Son	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06257

6272 CERTIFICATE OF DEATH Reg. Dist. No. ...

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 39 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 2716 W. GARRISON AVENUE

3. NAME OF DECEASED: (Type or Print) (First) HYMAN (Middle) (Last) LEVIN

4. DATE OF DEATH: (Month) JULY (Day) 20 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 11-8-12

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER

10B. KIND OF BUSINESS OR INDUSTRY: PUBLIC SCHOOL

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: BENJAMIN LEVIN

14. MOTHER'S MAIDEN NAME: BESSIE ZIFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FORT HOWARD,MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) HYPERNEPHROMA, LEFT KIDNEY, WITH GENERALIZED METASTASES

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from JUNE 11, 1954 to JULY 20, 1954, and that death occurred at 6:45 AM, from the causes and on the date stated above.

SIGNATURE F B Dickey ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D. Chief, Medical Service M. D. VAH, FORT HOWARD, MARYLAND 7-20-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 9/21/1954

NAME OF CEMETERY OR CREMATORY HERRING RUN CEMETERY

LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS JACK LEWIS INC. FUNERAL HOME 2100 EUTAW PL. BALTIMORE, MARYLAND

VS. A15—10-5

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6195

Reg. Dist. No. 06258

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ARBUTUS.
LENGTH OF STAY (in this place) 30 YEARS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1332 STEVENS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS.
STREET ADDRESS (If rural give location) 1332 STEVENS AVE.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) C (Last) Lineburg

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: APRIL 2, 1896

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED.

10B. KIND OF BUSINESS OR INDUSTRY: BUILDING CONTRACTOR.

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME. CYRUS LINEBURG

14. MOTHER'S MAIDEN NAME: SUSIE B. EDMONDSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES. (If Yes, give war or dates of service) W.W. I.

16. SOCIAL SECURITY NO. 217-20-8061

17. INFORMANT & ADDRESS. EDITH E. LINEBURG 1332 STEVENS AVE.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerotic Heart Disease — Feb, 1951

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19, 1950, to July 10, 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 4 P M, from the causes and on the date stated above.

SIGNATURE J. Bradley Daugherty M.D. ADDRESS 1264 Francis Ave DATE SIGNED July 11, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 7/14/54 — NAME OF CEMETERY OR CREMATORY LOUDON PARK. — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7-12-54 — REGISTRAR'S SIGNATURE A W Heckrotte

24. FUNERAL DIRECTOR Joseph T. Timbrook, Jr. ADDRESS 1322 Baltimore Blvd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06259

6273

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) Since 12/1/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1734 Canold St.

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) C (Last) LLOYD

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED | 8. DATE OF BIRTH: 2/2/1893 | 9. AGE last birthday 61 yrs. | IF UNDER 1 YEAR, Months, Days | IF UNDER 24 HRS., Hours, Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repairman | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Baxter Lloyd | 14. MOTHER'S MAIDEN NAME: Ida Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1950, to July 25, 1954, that I last saw the deceased alive on July 25, 1954, and that death occurred at 3P M, from the causes and on the date stated above.
SIGNATURE Charles Ward M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 7/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/28/54 | NAME OF CEMETERY OR CREMATORY Holy Cross | LOCATION (City, town, or county) (State) Baltimore, Md. (Rural)

DATE REC'D BY LOCAL REGISTRAR 7-27-54 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR John F. Deany, Inc. ADDRESS 715 Light St

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

6274 MARYLAND STATE DEPARTMENT OF HEALTH 06260

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3-5

Baltimore

1. PLACE OF DEATH: COUNTY 1001 West Joppa Road, Towson - - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [redacted] Towson
STREET ADDRESS (If rural, give location) 1001 W. Joppa Rd.

3. NAME OF DECEASED (Type or Print): (First) Sister Mary Josepha (Middle) (Last) (Lockhart)

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 1, 1868

9. AGE last birthday: 85 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Convent

11. BIRTHPLACE (State or foreign country): Halifax, Novo Scotia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles T. Lockhart

14. MOTHER'S MAIDEN NAME: Mary Anne Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mission Helpers' records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Colon Ascending

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 y

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19[illegible], to July, 19 54, that I last saw the deceased alive on July 4, 19 54, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sister M. Donald Asst. 7501 York Rd 7-5-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-7-54

NAME OF CEMETERY OR CREMATORY: Convent Cemetery, Md.

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 7-6-54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: Le Vernon Lemmon

ADDRESS 4611 Park Hghts. Ave.

Drwk

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6275

MARYLAND STATE DEPARTMENT OF HEALTH

06261

CERTIFICATE OF DEATH

Item 12 film G168A 7/30/54 cm **FOR MEDICAL EXAMINERS**

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore — 620 Hamilton Ave — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (In this place) Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stephen	V	Longo	July	20	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	July 19 1892	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tailor	Construction	Pari Italy	Italy

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nicola Longo	Maria ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	219-30-1015	Mrs Josephine Longo 34 E. Eastwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTORY ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
I. Davis MD		signed via Dundalk Md	7/21/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 24 1954	Holy Redeemer	Belair Rd & Moravia	Balto. Md

DATE REC'D BY LOCAL REGISTRAR'S REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-22-54	Edith L. Frank	Frank Perla Sons	302 S. High St

one

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06262

6276

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clifton (Middle) Louis (Last) Lowe

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 26, 1907

9. AGE last birthday 46 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY: Mill worker

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Lowe

14. MOTHER'S MAIDEN NAME: Fannie J. Browning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Records, Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) General Paresis — INTERVAL BETWEEN ONSET AND DEATH: 18 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/22/, 1954, to 7/2/, 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 11 P M, from the causes and on the date stated above.

SIGNATURE Ethel B. Hermann-Greey M. D. ADDRESS DATE SIGNED July 2 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 6, 1954 — NAME OF CEMETERY OR CREMATORY Congressional Cemetary — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 7/3/54 — REGISTRAR'S SIGNATURE V.E. Harry.

24. FUNERAL DIRECTOR W.W. Chambers Co ADDRESS 517-11 St S.E. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
6 1954
AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6277

CERTIFICATE OF DEATH

06263

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28
LENGTH OF STAY (in this place) Since 1/9/1924
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hospital Catonsville 28, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) unknown

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) — (Last) Lubanski

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1883

9. AGE last birthday 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10B. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) unknown

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardiovascular disease

DUE TO (C) Generalized hardening of arteries

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenic reaction

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 ., to ..., 19 ., that I last saw the deceased alive on ..., 19 .., and that death occurred at 7:35 AM, from the causes and on the date stated above.

SIGNATURE Bruno Radauskas M. D. ADDRESS Spring Grove St. Hosp. DATE SIGNED 7/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 7/7/54

NAME OF CEMETERY OR CREMATORY University Md School

LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 7/8/54

REGISTRAR'S SIGNATURE V. E. Harvey

24. FUNERAL DIRECTOR Francis A. Hemsley

ADDRESS 578 N. Eutaw St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

JUL 8 1934
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6278

CERTIFICATE OF DEATH

06264

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11—10-53

1. PLACE OF DEATH.
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fullerton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9505 Belair Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fullerton
STREET ADDRESS (If rural give location) 9505 Belair Rd.

3. NAME OF DECEASED: (First) MARIE (Middle) (Last) MacKINZIE (Type or Print)

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 12, 1876

9. AGE last birthday: 77 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gottlieb Moenke

14. MOTHER'S MAIDEN NAME: Marie Daumenlang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Warren C. Gonnsen-9505 Belair Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Cardiovascular Disease — Many years.

DUE TO

(C) & Hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ..., 1954, to 7 July, 1954 that I last saw the deceased alive on 7 July, 1954, and that death occurred at 5.00 P M, from the causes and on the date stated above.

SIGNATURE John C. Hyle ADDRESS 7527 Belair Rd DATE SIGNED 7-8-54

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 7/10/54 — NAME OF CEMETERY OR CREMATORY: St. John's Cem. — LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR: 7-9-54 — REGISTRAR'S SIGNATURE: P.W. Hedrick — 24. FUNERAL DIRECTOR: Wm. J. Tuckner & Son — ADDRESS: Catonsville 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6279 **CERTIFICATE OF DEATH**

Reg. Dist. No. 06265 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
~~HOSPITAL OR~~ INSTITUTION OR STREET ADDRESS 6314 Bellona Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balti
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 6314 Bellona Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Carter (Last) Mannie

4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 22, 1889

9. AGE Last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Woodworking

11. BIRTHPLACE (State or foreign country): Macon Ga

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hiriel Wm Mannie

14. MOTHER'S MAIDEN NAME: Katherine Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Mary Mannie 6314 Bellona Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
447X Immediate cause	(a) Essential Hypertension (10 years or more)	
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) myocardial failure, Pulmonary Edema	one Hour
	DUE TO	
	(c) Left interstitial pneumonia but probably Pneumonia Terminal	5 weeks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis Chronic Prostatitis

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1954, to June 15, 1954, that I last saw the deceased alive on June 15, 1954, and that death occurred at 3:10 A.m., from the causes and on the date stated above.

SIGNATURE Ralph G Hills (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 17, 1954

NAME OF CEMETERY OR CREMATORY Lorraine Park

LOCATION (City, town, or county) (State) Woodlawn Md

DATE REC'D BY LOCAL REG. 7-16-54

REGISTRAR'S SIGNATURE A. W. Hering

24. FUNERAL DIRECTOR Cecil L Ness

ADDRESS 5737 Ga Ave NW Wash. DC.

: 6280

06266

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore - ~~Sacred Heart Lane & Butler Rd.~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Lane & Butler Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural, give location) Sacred Heart Lane & Butler Rd

3. NAME OF DECEASED (Type or Print): (First) NICHOLAS- (Middle) BLAINE (Last) MAYO

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 6-1883

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Nicholas Mayo

14. MOTHER'S MAIDEN NAME: Margaret Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 216-01-6807

17. INFORMANT AND ADDRESS: Mrs Blaine Mayo - Glyndon Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 30 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None. 19b. MAJOR FINDINGS OF OPERATION: None. 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY None. (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY None. m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Eagles (Degree or title) Deputy Md. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: July 8 '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 10-1954 — NAME OF CEMETERY OR CREMATORY: Forestview — LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG. 7-10-54 — REGISTRAR'S SIGNATURE: Mary B. Elliott — 24. FUNERAL DIRECTOR: Edw C Tipton — ADDRESS: Hereford Md

[illegible]
JUL 13 [illegible]
BUREAU V. S.

06267

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6281 **CERTIFICATE OF DEATH** Reg. Dist. No. 4 / . .

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5[illegible]

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 301 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 506 S. MACON STREET

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W. (Last) McCAULEY

4. DATE OF DEATH: (Month) JULY (Day) 21 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 4-22-96

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SPARROWS POINT, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOSEPH McCAULEY

14. MOTHER'S MAIDEN NAME: MINNIE PHELPS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 217-07-1182

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSPITAL,FT. HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CALCIFIC DISEASE OF THE AORTIC VALVE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO WITH INSUFFICIENCY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3-26-54

19B. MAJOR FINDINGS OF OPERATION: Amputation (Above Knee) Leg, Right Gangrene rt. foot secondary to diabetes & arteriosclerosis

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from SEPT. 23, 1953, to JULY 21, 19 54 and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D. ADDRESS: M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED: 7-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 7-26-54
NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 7-23-54
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: CHARLES S. ZEILER FUNERAL HOME 6224 EASTERN AVE. BALTIMORE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06268

CERTIFICATE OF DEATH

6282

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Stonleigh; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 913 Dulaney Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stonleigh; STREET ADDRESS (If rural give location) 913 Dulaney Road

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Raymond (Last) McCleary

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 28 1891

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Yard Master Emma R.R.

10b. KIND OF BUSINESS OR INDUSTRY R.R.

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert McCleary

14. MOTHER'S MAIDEN NAME: Sarah A Keny

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Edna McCleary 913 Dulaney Road

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY ARTERY, occlusion — Interval between Onset And Death 5 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) HYPERTENSION, arterial — 6 yrs.

DUE TO (c) ARTERIOSCLEROSIS, Coronal — 6 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1949, to July 26, 1954, that I last saw the deceased alive on June 15, 1954, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. S. Claypoole MD

ADDRESS 6210 York Road Baltimore 12

DATE SIGNED July 27 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 29, 1954

NAME OF CEMETERY OR CREMATORY Prospect Hill

LOCATION (City, town, or county) Govans (State) Md

DATE REC'D BY LOCAL REGISTRAR July 27, 1954

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns Sons

ADDRESS 610 York Road Towson 4

VS. A15

RECEIVED
JUL 28 1954

Film G169, Item 14 8-23-54 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06269

6283

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairmont Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville RD # 1
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. (Last) McCORMACK

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: June 29 1885

9. AGE last birthday: 69 yrs.

IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Rep.

10b. KIND OF BUSINESS OR INDUSTRY: Automatic Voting Machines

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William McCormack

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Morris Kramer Perryville R1 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized arteriosclerosis	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1954, to 7/3, 1954, that I last saw the deceased alive on 7/3, 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE Vincent J. [illegible] (DEGREE OR TITLE) 6231 ADDRESS York Rd DATE SIGNED 7/3/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF July 7. 1954

NAME OF CEMETERY OR CREMATORY Woodlawn

LOCATION (City, town, or county) (State) Orchard Park, Erie Co N.Y.

DATE REC'D BY LOCAL REG. July 5

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR Joseph R Strauss North East Md ADDRESS

Item 14, Film G168 6284
7/12/54 fcy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06270

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7808 Tilmont Ave. Parkville

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 7808 Tilmont Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Mrs. Florence E. Mc Lean

4. DATE OF DEATH: (Month) (Day) (Year): July 5th 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	July 4, 1880	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Macneal	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs. Marjorie F. Blessing, 7808 Tilmont Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Congestion	24 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic Cardio Renal Vascular disease	15 yrs.
	DUE TO (c) Cerebral Hemorrhage 15 yrs ago	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from ....., 19 54, to July 5, 19 54, that I last saw the deceased alive on July 5, 19 54, and that death occurred at 10:38 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Harold H Burns M.D. 115 E. EAGER St. — DATE SIGNED: July 6, 54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 8, 1954	Loudon Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-7-54	Chas. Frederick Dep	Leonard J. Ruck,	5305 Harford Road "14

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Burns
2823 Linwood Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06271

6285

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 2mos 24days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Fla — COUNTY Hillsborough
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tampa
STREET ADDRESS (If rural, give location) 319 W. Hanna Ave.

3. NAME OF DECEASED: (Type or Print) (First) Effie (Middle) Minerva (Last) McMillan

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-14-~~85~~1894

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Gray

14. MOTHER'S MAIDEN NAME: Evelyn Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
223X Immediate cause	(a) Inanition and Asthenia	4 mo. plus
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Lindau's Disease	years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/3/53

19b. MAJOR FINDINGS OF OPERATION: Cerebellar hemangioma; resection left cerebellar lobe

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1954., to July 3, 1954., that I last saw the deceased alive on July 3, 1954., and that death occurred at 11.35 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

John P. Risley — Spring Grove State Hosp. Catonsville Md. — July 3, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7/6/54

NAME OF CEMETERY OR CREMATORY: George Washington

LOCATION (City, town, or county) Hyattsville (State) Md.

DATE REC'D BY LOCAL REG. July 5 1954

REGISTRAR'S SIGNATURE Victor E. Barry

24. FUNERAL DIRECTOR Fasch's sons Hyattsville, Md. — ADDRESS

JUL 8
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06272

2411 N. Charles Street, Baltimore

6286

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS House of Pines 16 Eastern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 913 Leeds Ave

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) C. (Last) Messersmith

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-12-1873

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Frederick H. Muller

14. MOTHER'S MAIDEN NAME: Wilhelmena Ohle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Miss. Pauline H. Muller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDITIS SUB ACUTE. — Interval Between Onset and Death: 1 Mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS. — YEARS

(c) SENILITY

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0

(CITY OR TOWN) 0 (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Oct, 1947, to 7/25, 1954, that I last saw the deceased alive on 7/24, 1954, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Lloyd Harmon ADDRESS Catonsville Md DATE SIGNED 7/27/54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial; DATE THEREOF 7-28-1954; NAME OF CEMETERY OR CREMATORY London Park Cem; LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 7-27-54; REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR S. Truman Schwab ADDRESS 3512 Frederick Av.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06273

6287

Item 14 film G168A 7/26/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MIDDLE RIVER
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1910 WILSON POINT RD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MIDDLE RIVER
STREET ADDRESS (If rural give location): 1910 WILSON POINT RD

3. NAME OF DECEASED: (Type or Print) (First) Grover (Middle) Cleveland (Last) Miller

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: OCT 7, 1889

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): BRICKLAYER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOSEPH MILLER

14. MOTHER'S MAIDEN NAME: Sarah Catherine Shrader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: GROVER C. MILLER JR. 1908 WILSON PT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Cerebral apoplexy due to	1 Month.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b)	Arteriosclerotic Cardio Vascular due to	2 yrs
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954, to July 14, 1954, that I last saw the deceased alive on July 14, 1954, and that death occurred at 12:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm Baumgardner MD ADDRESS: Balto 6 Md DATE SIGNED: 7/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: JULY 17 1954

NAME OF CEMETERY OR CREMATORY: PARKWOOD

LOCATION (City, town, or county) (State): PARKVILLE MD

DATE REC'D BY LOCAL REGISTRAR: 7-16-54

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: ULLRICH FUNERAL HOME 4210 BELAIR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06274

6288

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hereford
LENGTH OF STAY (In this place): 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hereford
STREET ADDRESS (If rural, give location): York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Tempie (Middle) (Last) Miller

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 6 Nov 1877

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Mt-Carmel Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert H. Mays

14. MOTHER'S MAIDEN NAME: Carrie Thomson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. L. Sheppard Daughter. York Rd. Hereford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Arterio sclerotic Cardio vascular disease	1½ yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to July, 1954, that I last saw the deceased alive on 3 July, 1954, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

SIGNATURE: Walter T. Lees (DEGREE OR TITLE) M.D. ADDRESS: Cockeysville Md. DATE SIGNED: 3 July 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 6 1954

NAME OF CEMETERY OR CREMATORY: Fosters Cemetery

LOCATION (City, town, or county) (State): Hereford Balto. Co. Md.

DATE REC'D BY LOCAL REG.: July 6 1954

REGISTRAR'S SIGNATURE: Blanche L Redline

24. FUNERAL DIRECTOR: Jacob Bortenstein

ADDRESS: New Freedom, Pa.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 13 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (16275

6289 CERTIFICATE OF DEATH Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 37 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1127 N. Bond Street

3. NAME OF DECEASED: (Type or Print) (First) IRVIN (Middle) (NMI) (Last) MILLS

4. DATE OF DEATH: (Month) July (Day) 28, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/1/09

9. AGE last birthday 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if r[illegible]) Elect. Track Oper.

10B. KIND OF BUSINESS OR INDUSTRY: Steel Mill

11. BIRTHPLACE (State or foreign country): Littleton, N.C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Mills

14. MOTHER'S MAIDEN NAME: Emma Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 216-10-4783

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PULMONARY EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH: 15 MIN.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) MYOCARDITIS, CHRONIC, CAUSE UNDETERMINED — UNKNOWN

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1954, to July 28, 1954, and that death occurred at 10:00 P M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D. Chief, Medical Service VAH, FORT HOWARD, MARYLAND 7/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY Mount Olive — LOCATION (City, town, or county) (State) Littleton, North Carolina

DATE REC'D BY LOCAL REGISTRAR July 31. 1954 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Mrs. [redacted] Robt A. Tedeschi Jr. — ADDRESS 1129 Caroline St. Balto. Md.

VS. A15—10-5

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06276

6290 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 6642 Holabird Avenue

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) T. (Last) MOORE

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11/14/86

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ft. Adams, Rhode Island

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Moore

14. MOTHER'S MAIDEN NAME: Elizabeth Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ABDOMINAL MALIGNANCY — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) TOXIC NEPHROSIS, WITH URINARY SUPPRESSION — 6 DAYS

DUE TO (C) AND ACIDOSIS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1954, to July 11, 1954, that I last saw the deceased and that death occurred at 12:15 PM, from the causes and on the date stated above.

SIGNATURE Joseph M. Miller ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 7-12-54

JOSEPH M. MILLER, M.D. Chief, Surgical Service M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF July 13, 1954

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Fort Myer, Virginia

DATE REC'D BY LOCAL REGISTRAR 7-13-54

REGISTRAR'S SIGNATURE W. W. Chambers

24. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home, 6009 Harford Rd. Baltimore 14, Md. Mildred T. Blight

SHIPPED TO Co. 1400 Chapin St. N.W. Washington D. C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

06277

6185 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (In this place) 57
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 118 Rustic Rd

3. NAME OF DECEASED (Type or Print): (First) Louisa (Middle) M (Last) Morisi

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow — 8. DATE OF BIRTH: Dec 17 1881 — 9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY: at home — 11. BIRTHPLACE (State or foreign country): France — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Brunetti — 14. MOTHER'S MAIDEN NAME: Francis Fanolotti

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mrs Josephine Martelli

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach — 6 Mos

151 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Artery Disease — 2 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to July 23, 1954, that I last saw the deceased alive on July 23, 1954, and that death occurred at 5-20 p.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Eugene R. Crane — M.D. — 1 Liberty Parkway — July 23, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 26 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

July 24 1954 — William M. Kelly — Ulrich Funeral Home — 2112 Dundalk Ave

VS. A15

JUL 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06278

6291

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 8519 Loch Raven Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) G. (Last) Morrison

4. DATE OF DEATH: (Month) (Day) (Year) July 25 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 2 1884

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pittsburgh Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Morrison

14. MOTHER'S MAIDEN NAME: Sarah Mac Caffrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Sister — Towson Md
Mrs James Mulligan 8519 Loch Raven Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cancer of colon - (lower) — INTERVAL BETWEEN ONSET AND DEATH: over 4 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 June, 1954, to 25 July, 1954, that I last saw the deceased alive on 25 July, 1954, and that death occurred at 9:35 A m., from the causes and on the date stated above.

SIGNATURE Walter T. Kies (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md. DATE SIGNED 25 July '54

23. BURIAL, CREMATION / REMOVAL (Specify): BURIAL — DATE THEREOF 7-28-1954 — NAME OF CEMETERY OR CREMATORY Moreland Memorial — LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 7.26.54 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. — ADDRESS 4905 York Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6292

CERTIFICATE OF DEATH

06279

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson
LENGTH OF STAY (in this place) 136 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul
STREET ADDRESS (If rural give location) 4419 Forrester Avenue

3. NAME OF DECEASED: (Type or Print) John (First) Joseph (Middle) Mullen (Last)

4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/14/00

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months 5 Days 28 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10B. KIND OF BUSINESS OR INDUSTRY: Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Mullen

14. MOTHER'S MAIDEN NAME: Lillian Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Katherine Mullen 4419 Forrester Ave., English Consul (Wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of lung; type undetermined — INTERVAL BETWEEN ONSET AND DEATH: approx. 1 yr.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Lymphadenectomy, left axillary — 4 months
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ?

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26 ..., 19 54 to 7/12 ..., 19 54 that I last saw the deceased alive on 7/12 ..., 19 54, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

SIGNATURE William Newcomer WM. NEWCOMER, M.D. ADDRESS MT. WILSON, MD. DATE SIGNED 7/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/15/54
NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery St. Clement's Church
LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR 7/12/54
REGISTRAR'S SIGNATURE Helen M. Kerr
24. FUNERAL DIRECTOR B.C. Harle, ADDRESS 1000 S. Paca St., Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-5

RECEIVED
DEC 16 1954
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06280

6293 CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place): 33 yrs. 9 mo. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sheppard & Enoch Pratt Hosp. 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): Mt. Royal Avenue

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) ABBOTT (Last) Munnikhuysen

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12/19/88

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Howard Munnikhuysen

14. MOTHER'S MAIDEN NAME: Bessie Pancoast

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ~

16. SOCIAL SECURITY No.: ~

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Chronic myocarditis — Interval Between Onset And Death: Unk.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Generalized arteriosclerosis — Unk.

DUE TO

(c)

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia praecox; Breast Carcinoma — Unk.

19a. DATE OF OPERATION: ~ **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1942 to July 31, 1954, that I last saw the deceased alive on July 30, 1954 and that death occurred at 5:45 AM, from the causes and on the date stated above.

SIGNATURE: M. Elgin, M.D. (Degree or title) — ADDRESS: The SHEPPARD & ENOCH PRATT HOSPITAL Towson Md. — DATE SIGNED: 7/31/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** Aug 2 1954 — **NAME OF CEMETERY OR CREMATORY:** Green Mount — **LOCATION** (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REGISTRAR: 8-3-54 — **REGISTRAR'S SIGNATURE:** [signature] — **24. FUNERAL DIRECTOR:** H. W. Jenkins' Sons Co — **ADDRESS:** 4905 York Rd.

one

06281

MARYLAND 6294

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLANDVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS VILLA JULIE-VALLEY RD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLANDVILLE
STREET ADDRESS (If rural, give location) VILLA JULIE - VALLEY RD.

3. NAME OF DECEASED (Type or Print) (First) SISTER (Middle) ANNE JOSEPHINE (Last) (MUNROE)

4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S

8. DATE OF BIRTH DEC 20, 1917

9. AGE last birthday 36 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER

10b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS

11. BIRTHPLACE (State or foreign country) NEW JERSEY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME WILLIAM MUNROE

14. MOTHER'S MAIDEN NAME ANNE WASHINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Villa Julie Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17^X

Immediate cause (a) Carcinomatosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of breast

(c)

INTERVAL BETWEEN ONSET AND DEATH

(a)

(b) 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1952

19b. MAJOR FINDINGS OF OPERATION Cancer right breast.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1954, to July, 1954, that I last saw the deceased alive on July 10, 1954, and that death occurred at 1:40 P m., from the causes and on the date stated above.

SIGNATURE Harold H Burns (Degree or title) M.D. ADDRESS 115 E. Lexington St DATE SIGNED July 14, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 7-15-54

NAME OF CEMETERY OR CREMATORY Trinity Convent Cem.

LOCATION (City, town, or county) Dechester (State) Md.

DATE REC'D BY LOCAL REG. 7/14/54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR George P. Foley - Catonsville, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

06282

6295

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8631 Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Bal. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
STREET ADDRESS (If rural, give location) 8631 Liberty Rd.

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) Virgie (Last) MURRAY

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 5/18/1897

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Thomas Forney

14. MOTHER'S MAIDEN NAME: Margaret Ann Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: William G. Murray - Randallstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF BREAST - c

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) METAS TO LUNG - 5 YEARS

(c) HYPERTENSIVE C.V. DISEASE - 10 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. UREMIA - CHRONIC - 2 YEARS

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to July 16, 1954, that I last saw the deceased alive on July 15, 1954, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank C. Ward MD — Randallstown Md — 7-16-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/18/54 — NAME OF CEMETERY OR CREMATORY: Druid Park — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 7/17/54 — REGISTRAR'S SIGNATURE: Wm. E. Mackie

24. FUNERAL DIRECTOR — ADDRESS: Raymond A. Quirk - Pikesville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06284

6186

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 55

1. PLACE OF DEATH: Baltimore COUNTY MARYLAND STATE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8100 Cornwall Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE Baltimore COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk
STREET ADDRESS (If rural give location) 8100 Cornwall Rd.

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) M. (Last) Newman

4. DATE OF DEATH: (Month) July (Day) 16, (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Feb. 27, 1878 | 9. AGE last birthday 76 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gottlieb Schilpp
14. MOTHER'S MAIDEN NAME: Caroline Meisenhalder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs E. Haden Gentry, 8100 Cornwall Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X

IMMEDIATE CAUSE (A) Hypotension C.V. disease

ANTECEDENT CAUSE (B) DUE TO Carcinoma Cervix

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 54, to 7/16, 1954, that I last saw the deceased alive on 7/16, 1954, and that death occurred at 6 A. M, from the causes and on the date stated above.
SIGNATURE [signature] M. D. ADDRESS 3400 E. Balto St. DATE SIGNED 7/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 19, 1954 | NAME OF CEMETERY OR CREMATORY New Cathedral Cem. | LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR July 17 1954 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR John A. Moran | ADDRESS 3000 E. Balto. St. Baltimore, Maryland

06285

MARYLAND 6296 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — Rosewood State Training School — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School Owings Mills, Maryland.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY /
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 429 Old Home Road, Balto. 6, Md.

3. NAME OF DECEASED (Type or Print): (First) Kathleen (Middle) Dianne (Last) Nichols

4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11/25/53

9. AGE last birthday: 7 mos. yrs. — If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earl Nichols

14. MOTHER'S MAIDEN NAME: Katherine Kerley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Parents - 429 Old Home Road, Balto. 6, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Broncho pneumonia (Acute bronchitis)	5 days
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hydrocephalus and Meningomyelocäe (Arnold Chiari Syndrome)	birth
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24..., 19.53., to 7/14/54., 19....., that I last saw the deceased alive on July 14, 1954., and that death occurred at 12:20a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harry B. Butler M.D.

ADDRESS: Owings Mills, Maryland.

DATE SIGNED: 7/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 7/16/54

NAME OF CEMETERY OR CREMATORY: Maryland M. P. Cem.

LOCATION (City, town, or county) (State): Balto md

DATE REC'D BY LOCAL REG.: 7-20-54

REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR: Lansdale Funeral Home

ADDRESS: 7401 Belair Rd

MARGIN RESERVED FOR BINDING

JUL 2
BUREAU U. S.

'261'

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06286

6186 CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ENGLISH COUNCIL
LENGTH OF STAY (in this place) 4 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3226 MAGNOLIA AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ENGLISH COUNCIL
STREET ADDRESS (If rural give location) 3226 MAGNOLIA AVE

3. NAME OF DECEASED: (First) FRANK (Middle) H. B. (Last) NICKERSON
(Type or Print)

4. DATE OF DEATH. (Month) JULY (Day) 24 (Year) 19 54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: FEB. 12, 1906
9. AGE last birthday 48 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 HRS., Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10B. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (State or foreign country): NEW JERSEY
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANKLIN H. NICKERSON
14. MOTHER'S MAIDEN NAME: KATE BATES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-32-1630
17. INFORMANT & ADDRESS: SUE K. NICKERSON 3226 MAGNOLIA AVE.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Poly Sarcoitis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Atrophy + Hydrocephalus 1 yr.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19 49, to July 19 54, that I last saw the deceased alive on July 20, 19 54, and that death occurred at 7:30 M, from the causes and on the date stated above.
SIGNATURE A Bradley Daugherty M.D. ADDRESS 1764 Francis Ave DATE SIGNED 7-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF July 26 1954
NAME OF CEMETERY OR CREMATORY MEADOW VIEW C&M.
LOCATION (City, town, or county) (State) BALTIMORE MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7-26-54
REGISTRAR'S SIGNATURE A W Hanna
24. FUNERAL DIRECTOR Joseph T. Lemmon ADDRESS 13 E Lexington St. Bal.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06287

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 27 N Carey St

3. NAME OF DECEASED: (First) Anne (Middle) (ANNIE S) (Last) NUCKELS
4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: January 7, 1865
9. AGE last birthday: 89 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Grant
14. MOTHER'S MAIDEN NAME: Hester Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Records-Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Congestive Heart Failure	5 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Arteriosclerotic cardiovalvular disease	years
DUE TO	(C) Generalized arteriosclerosis	years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20 1952 to 7/31/... , 1954, that I last saw the deceased alive on 7/31, 1954, and that death occurred at 8:10 PM from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Spring Grove State Hospital DATE SIGNED 8/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 5, 1954
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Lynchburg, Virginia

DATE REC'D BY LOCAL REGISTRAR AUG 1 1954
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road 14

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

6298 2411 N. Charles Street, Baltimore 06288

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS RIDGEWAY MANOR NURS. HOME.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE; STREET ADDRESS (If rural, give location) 724 MT. HOLLY ST.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNE	E.	O'DEA	JULY	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.	WIDOW	APR. 5, 1885	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CLERK	HUTZLER BRO.	BALTO. MD.	

13. FATHER'S NAME: WILLIAM KELLY

14. MOTHER'S MAIDEN NAME: MARGARET O'DONNELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS JOHN T. NEWBERTH, 609 OAKHILL RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal obstruction	36 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis	
	(c) Carcinoma Colon	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	5-6 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-15-54	Carcinoma involving pelvic structures	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 4, 1953, to July 16, 1954 that I last saw the deceased alive on July 15, 1954, and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 19/54	New Cathedral	Balto. 29. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/19/54	Ollie E. Harry	Harry H. Hutzler	4101 Edmondson Ave

JUL
BUREAU V. S.

6299 MARYLAND STATE DEPARTMENT OF HEALTH 06289

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 4120 Bierman Ave.

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) (Last) OGURI

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 8, 1882

9. AGE (last birthday): 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dietician

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Schuchmann

14. MOTHER'S MAIDEN NAME: Linna Gimple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no

16. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT: Mrs. Olga Lockwood 4119 Bierman Ave.-G

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Interval: acute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension CV disease — Interval: 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954, to July 8, 1954, that I last saw the deceased alive on July 8, 1954, and that death occurred at 10 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ken A. Lockwood, M.D. ADDRESS 1037 N. Calvert St - Balto DATE SIGNED 7-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 12, 1954

NAME OF CEMETERY OR CREMATORY Baltimore

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 7-12-54

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Ullrich Funeral Home

ADDRESS 4210 Belair Road-G

VS. A15

06290

MARYLAND 6300

STATE DEPARTMETT OF HEALT

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm | LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stoney Batter Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm
STREET ADDRESS (If rural, give location) Stoney Batter Rd

3. NAME OF DECEASED (Type or Print): (First) John Raymond (Middle) (Last) Orem

4. DATE OF DEATH: (Month) 7 (Day) 13 (Year) 54 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 7-1910

9. AGE last birthday: 43 yrs. If under 1 year: Months. Days. If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: P.B. Hooper Co.

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. Orem

14. MOTHER'S MAIDEN NAME: Amsey Pearce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 242-03-5440

17. INFORMANT AND ADDRESS: Mrs. J. R. Orem Glenarm P.O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma R lung — Interval between onset and death: 4 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 3P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gerald E Palmer ADDRESS Va Fair Mont DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 7/15/54 | NAME OF CEMETERY OR CREMATORY Fort Christian | LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 7-14-54 | REGISTRAR'S SIGNATURE W. Mattimoth

24. FUNERAL DIRECTOR Lansdale Funeral Home ADDRESS 740 Belair Rd.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06291

6301

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY Baltimore 19. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3100 Riverdrive Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN "
STREET ADDRESS (If rural give location) #1—

3. NAME OF DECEASED: (Type or Print) (First) BATTISTA (Middle) (Last) ORLANDI

4. DATE OF DEATH: (Month) JULY (Day) 25 (Year) 1954.

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Feb. 2. 1872.

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal.

11. BIRTHPLACE (State or foreign country): Italy.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CARL ORLANDI

14. MOTHER'S MAIDEN NAME: THERESA BOSETTI

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 999-00-0722

17. INFORMANT & ADDRESS: Arpadice Orlandi (wife) as in #1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremic Coma — Interval Between Onset And Death: 2 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Nephrosis — 2 weeks.

DUE TO (c) Chronic. Myocardetis. — 3 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22, 1951, to 7/25, 1954, that I last saw the deceased alive on 7/25, 1954, and that death occurred at 11 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Tollin. M.D. 6908 N. Pt. Rd Balto 19. 7/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF JULY 26 1954 NAME OF CEMETERY OR CREMATORY SACRED HEART OF MARY LOCATION (City, town, or county) DUNDALK (State) MD

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS
ULLRICH FUNERAL HOME 2112 DUNDALK.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

C302

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07065

CERTIFICATE OF DEATH

Reg. Dist. No. 36

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place) 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8522 Water Oak Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 8522 Water Oak Rd

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) B. (Last) McCabe

4. DATE OF DEATH: (Month) Jan. (Day) 31 (Year) 54 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 15 1873

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Hinds

14. MOTHER'S MAIDEN NAME: Frederick Hyerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Edwin L. Cobb 3400 N. Charles St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH: Appx. 10 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1954, to July 31, 1954, that I last saw the deceased alive on July 29, 1954, and that death occurred at 7:05 A m., from the causes and on the date stated above.

SIGNATURE: Thaddeus C. Sawinski (Degree or title) M.D. ADDRESS: 17 W. Penna. Ave. Towson DATE SIGNED: Jul 31 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-3-1954

NAME OF CEMETERY OR CREMATORY: Baltimore

LOCATION (City, town, or county): Pikesville - Baltimore

(State):

DATE REC'D BY LOCAL REG.: 8-2-54

REGISTRAR'S SIGNATURE: H. D. Helm

24. FUNERAL DIRECTOR: Wm. P. Hull, Inc.

ADDRESS: 2421 Oliver St

Dur

6303

06292 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7405 BAYFRONT RD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN EDGEMERE
STREET ADDRESS (If rural, give location) 7405 BAYFRONT ROAD

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) M. A.K.A. BOARSAL PERKINSON

4. DATE OF DEATH (Month) 7 (Day) 24 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: OCT. 25. 1914

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MILTON SORRELL

14. MOTHER'S MAIDEN NAME: HELEN A. WEBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: R.W. PERKINSON 7403 BAYFRONT RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) HEMOPERICARDIUM DUE TO RUPTURED MYOCARDIAL INFARCTION

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes X No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? PARTIAL

22. I hereby certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry X, and find that death resulted from: Natural causes X, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul Green M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. X DATE SIGNED 7/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE THEREOF JULY 28-1954 NAME OF CEMETERY OR CREMATORY CATHEDRAL LOCATION (City, town, or county) BALTIMORE (State) MD

DATE REC'D BY LOCAL REG. 1954 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME ADDRESS 2112 DUNDALK.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

6304 MARYLAND STATE DEPARTMENT OF HEALTH 06293

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ... MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; LENGTH OF STAY (In this place): 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ... COUNTY ...; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...; STREET ADDRESS (If rural, give location) ...

3. NAME OF DECEASED (Type or Print): (First) ... (Middle) ... (Last) ...

4. DATE OF DEATH: (Month) ... (Day) ... (Year) 19...

5. SEX: ...

6. COLOR OR RACE: ...

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ...

8. DATE OF BIRTH: ...

9. AGE last birthday: ... yrs. If under 1 year: Months ... Days ... If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ...

10b. KIND OF BUSINESS OR INDUSTRY: ...

11. BIRTHPLACE (State or foreign country): ...

12. CITIZEN OF WHAT COUNTRY? ...

13. FATHER'S NAME: ...

14. MOTHER'S MAIDEN NAME: ...

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ...

16. SOCIAL SECURITY No.: ...

17. INFORMANT: ...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized carcinomatosis	4 mos
	(c) Carcinoma of biliary duct	6 mos?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bile duct & metastases to liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ...; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ...; (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) ... (Day) ... (Year) ... (Hour) ... m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from March, 1954, to July 11, 1954 that I last saw the deceased alive on July 11, 1954, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE: Robert E. Farber (Degree or title) M.D. ADDRESS Sparrows Point, Md DATE SIGNED 7-12-54

23. BURIAL, CREMATION REMOVAL (Specify) ...; DATE THEREOF ...; NAME OF CEMETERY OR CREMATORY ...; LOCATION (City, town, or county) ... (State) ...

DATE REC'D BY LOCAL REG. July 12 54; REGISTRAR'S SIGNATURE Damon D. Farber

24. FUNERAL DIRECTOR ... ADDRESS ...

VS. A15

RECEIVED
JUL 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06294

6305

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place) 7mo.13days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2 Chesley Avenue

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) (Last) Pittinger

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-22-1879

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~Unknown~~ BalThasar Hock

14. MOTHER'S MAIDEN NAME: Sophia Wohlmacher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	Hypostatic pneumonia	7 days
ANTECEDENT CAUSE (A)	(A) Cardiac failure DUE TO	3 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Arteriosclerotic heart disease DUE TO	Years
	(C) Generalized arteriosclerosis	Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Early gangrene of right foot	1 days

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13- , 19 54 to 7-21- , 19 54, that I last saw the deceased alive on 7-20-54 , 19 54 and that death occurred at 9:20a M, from the causes and on the date stated above.

SIGNATURE Edited B Heinmann-Green M.D. M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 7-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7-24-54

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-22-54

REGISTRAR'S SIGNATURE D.W. Medical Dom

24D FUNERAL DIRECTOR Leonard J Luck

ADDRESS 5305 Harford

6306 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06295

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville Towson; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1727 Aberdeen Road; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville; STREET ADDRESS (If rural, give location) 1727 Aberdeen Road.

3. NAME OF DECEASED (Type or Print): (First) Ferdinand (Middle) Paul (Last) Pittinger

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 4, 1912

9. AGE last birthday: 42 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dental Technition

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Pittinger

14. MOTHER'S MAIDEN NAME: Virginia Tudor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-03-3774

17. INFORMANT AND ADDRESS: Mrs Flora Elizabeth Pittinger-Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, vascular, coronary occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin T. Hanson (Degree or title) M.D., D.M.E. ADDRESS: Towson Md DATE SIGNED: 7/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 29, 1954 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 7-27-54 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Henry Sander & Sons Inc. ADDRESS: ~~Baltimore Maryland.~~

Hen T. Sander

6307

06296

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spanows Pt. — LENGTH OF STAY (in this place) 47yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. 19 mi
STREET ADDRESS (If rural, give location) 1020 S. First

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Albert (Last) Prather

4. DATE OF DEATH: (Month) July (Day) 17th (Year) 1954

5. SEX M | 6. COLOR OR RACE Col | 7. MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH March 31-1878 | 9. AGE last Birthday 76 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Steel Mills | 11. BIRTHPLACE (State or Foreign Country) Georgia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown | 14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give dates of service) Spanish American War | 16. SOCIAL SECURITY No. 216-10-5150A | 17. INFORMANT AND ADDRESS Blanche E. Prather

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral apoplexy	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis & Hypertension	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1953, to July 17th, 1954, that I last saw the deceased alive on July 17th 1954, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

SIGNATURE: J.H. Thomas (Degree or title) M.D. ADDRESS 107 N. Main St Bel Air 22 mi DATE SIGNED 7/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 20/54 | NAME OF CEMETERY OR CREMATORY Arbutus Mem Park | LOCATION (City, town, or county) Arbutus (State) Md

DATE REC'D BY LOCAL REG. 7-19-54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Mrs. Robert A. Ellis & Daughter | ADDRESS 1129 N. Caroline St. Balto

6308

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06297 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A-5-53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harewood Park Beach

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Harewood Park (Middle River)
STREET ADDRESS (If rural, give location) Box 365 Rt. 14, Balto 14 Md

3. NAME OF DECEASED: (Type or Print) (First) Karen (Middle) Lucan (Last) Rada

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1954

5. SEX: Fem

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Mar 10 50

9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles E. Rada

14. MOTHER'S MAIDEN NAME: Anne Gasprzyna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Jame J. Rada (Uncle)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowning (accidental)
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) Harewood Park (County) Balto (State) Md

21d. TIME (Month) July (Day) 28-54 (Year) (Hour) 11 A.M.

21e. INJURY OCCURRED While at ☐ X Not While work ☐ at ~~work~~

21f. HOW DID INJURY OCCUR? While in bathing at beach

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. McCarmine M.D. M. D.
~~CHIEF MEDICAL EXAMINER~~ ☐
DEPUTY MEDICAL EXAMINER ☐
~~ASSISTANT MEDICAL EXAM.~~ ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 20, 1954
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
LOCATION (City, town, or county) (State): Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG. 7-29-54
REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06298

6309 CERTIFICATE OF DEATH

Reg. Dist. No. 4Y

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3920 Fern Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) J. (Last) RAND Also: RYBINSKI

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-30-20

9. AGE last birthday 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Claims Examiner

10B KIND OF BUSINESS OR INDUSTRY: Social Security

11. BIRTHPLACE (State or foreign country): Wilkes Barre, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Rybinski

14. MOTHER'S MAIDEN NAME: Paulina Bartnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean

16. SOCIAL SECURITY NO. 203-05-3601

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF RIGHT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 7 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 21, 1954, to July 7, 1954, and that death occurred at 4:05 A M, from the causes and on the date stated above.

SIGNATURE William B. VanDecrift ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 7-7-54

WILLIAM B. VANDECRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7-9-54

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE RECD BY LOCAL REGISTRAR 7-8-54

REGISTRAR'S SIGNATURE G. H. Hedrick

24. FUNERAL DIRECTOR Howard Blight Funeral Home, ADDRESS 6009 Harford Rd. Baltimore, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06299

6310

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home Canfield Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - 22
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) (Last) RASCHKA

4. DATE OF DEATH: (Month) July (Day) 4. (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 11. 1882

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Olszar

14. MOTHER'S MAIDEN NAME: Susanna Turvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Joseph T. Raschka 7041 Sollers Pt. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Massive Cerebral Hemorrhage	1½ hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive encephalopathy	4 wks.
	(c) Essential Hypertension	10-15 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15th, 1954, to July 4, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 7:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. R. Perilla MD. 3601 Nicks ave. Balto 7 7/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Jul 7 1954

NAME OF CEMETERY OR CREMATORY: Christ Luth. Ch. Cem.

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 7-6-54

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC.

ADDRESS: Baltimore Md. Henry Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06300

6311

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 21 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 519 South Port Street

3. NAME OF DECEASED: (Type or Print) (First) SEBASTIAN (Middle) J. (Last) RAUH

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-18-03

9. AGE last birthday 51 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbers-helper

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Rauh

14. MOTHER'S MAIDEN NAME: Johanna Wiegs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 219-26-3005

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMATOSIS, SITE OF ORIGIN UNDETERMINED GENERALIZED

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1954, to July 12, 1954, and that death occurred at 12:00 Noon, from the causes and on the date stated above.

SIGNATURE Joseph M. Miller ADDRESS DATE SIGNED

JOSEPH M. MILLER, M.D. Chief, Surgical Service M. D VAH, FORT HOWARD, MARYLAND 7-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF July 15, 1954

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-13-54

REGISTRAR'S SIGNATURE A W Heslep

24. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. 403 Wolfe St. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06301

6312

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 418 W. HAMBURG STREET

3. NAME OF DECEASED: (Type or Print) (First) ALMORE (Middle) W (Last) REYNOLDS

4. DATE OF DEATH: (Month) JULY (Day) 10 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 1-8-83

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STEVEDORE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CALVERT CO. MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES REYNOLDS

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) ARTERIOSCLEROTIC HEART DISEASE	UNKNOWN
ANTECEDENT CAUSE (S) DUE TO	(B) HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that X attended the deceased from JUNE 25, 1954., to JULY 10., 19 54, that I last saw the deceased alive on [illegible], and that death occurred at 6:45 A.M., from the causes and on the date stated above.

SIGNATURE C.E. GONZALEZ, M.D. ADDRESS M.D. FT. HOWARD, MD DATE SIGNED 7/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7/14/1954

NAME OF CEMETERY OR CREMATORY Brooks Cemetery

LOCATION (City, town, or county) (State) Prince Frederick, Calvert Co Maryland

DATE REC'D BY LOCAL REGISTRAR 7-13-54

REGISTRAR'S SIGNATURE A. W. Bridges

24. FUNERAL DIRECTOR Arlington S. Phillips ADDRESS 1808 Monroe St Balto.17,Md

MARYLAND 6313 06302 STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hernwood; MARYLAND LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hernwood; STREET ADDRESS (If rural, give location) Randallstown R.D.

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) A. (Last) Richardson

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 2-7-1879

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Randall

14. MOTHER'S MAIDEN NAME: Rachel E. Stansfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Lucy V. Randall. Randallstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between Onset and Death: 1 hour

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6/54, to 7/6/54, that I last saw the deceased alive on 7/6/54, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Martin M.D. ADDRESS Randallstown Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE: 7-9-54 | NAME OF CEMETERY OR CREMATORY: Wards Chapel | LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG. 7/6/54 | REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR: Elmer Haight - Glyndon, Md. ADDRESS

Elmer H. Haight

MARGIN RESERVED FOR BINDING

6187 **MARYLAND STATE DEPARTMENT OF HEALTH** 06303

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville; MARYLAND; LENGTH OF STAY (in this place) 54; HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Bletz Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville; STREET ADDRESS (If rural, give location) 16 Bletz Road

3. NAME OF DECEASED (Type or Print): (First) Maurice (Middle) E. (Last) Riley

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-16-1908

9. AGE last birthday: 46 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Howard W. Riley

14. MOTHER'S MAIDEN NAME: Ellen Heaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. If yes, give war or dates of service:

16. SOCIAL SECURITY NO.: 212-10-6440

17. INFORMANT AND ADDRESS: Katherine E. Riley - 16 Bletz Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma with Generalized Metastasis — Interval Between Onset and Death: 4 mos 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to 26 July, 1954, that I last saw the deceased alive on 26 July 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE: Howard W. Poffenberger M.D. (Degree or title) ADDRESS: 1513 N. Milton Ave. DATE SIGNED: 26 July 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-29-54 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery — LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG. 7-26-54 — REGISTRAR'S SIGNATURE: A. W. Redmond

24. FUNERAL DIRECTOR: John McIntyre — ADDRESS: 2431 E. Monument St.

Items 8,9: film G169 8-27-54 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6314

06304

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
MARYLAND
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Conv. Home 315 Ingleside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAtonsville
STREET ADDRESS (If rural give location) 637 Frederick Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) DELIA C. RIPLEY

4. DATE OF DEATH: (Month) JULY (Day) 2 (Year) 1954 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct: 28: 1878 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Woodlawn Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Ripley

14. MOTHER'S MAIDEN NAME: Mary E. Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) **********

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John Ripley 1311 N. Milton Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardio Vascular disease &
DUE TO (c) Senile Decompensation

Interval Between Onset And Death 3 hrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/1/54

19b. MAJOR FINDINGS OF OPERATION Post Operative Hernia & Adhesions

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11 1945, to 7/2 1954, that I last saw the deceased alive on 7/2 1954, and that death occurred at 4:30 A., from the causes and on the date stated above.

SIGNATURE Elliot W Johnson (Degree or title) MD ADDRESS 3432 Druid Park Ave DATE SIGNED 7/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF JULY 5-54

NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.

LOCATION (City, town, or county) (State) Randallstown Md.

DATE REC'D BY LOCAL REGISTRAR 7/5/54

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR ADDRESS F. B. Weppert & Son.

F. B. WEPPERT & SON 1300 Eutaw Pl. 17

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 7 1954
BUREAU V. S.

06305

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6315 CERTIFICATE OF DEATH

Reg. Dist. No. 4f

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 5

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD; LENGTH OF STAY (in this place) 71 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE; STREET ADDRESS (If rural give location) 1106 ARGYLE AVENUE

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (NMI) (Last) ROBINSON

4. DATE OF DEATH: (Month) JULY (Day) 14 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 4-22-88

9. AGE last birthday: 66 yrs; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFEUR

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: HENRY ROBINSON

14. MOTHER'S MAIDEN NAME: JULIA BEVINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSPITAL,FORT HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CHRONIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 4, 1954 to JULY 14, 1954, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

SIGNATURE, ADDRESS, DATE SIGNED

IRVING FREEMAN,M.D.Acting Chief, Medical Service,VAH,FORT HOWARD, MD. 7-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 7-18-54 — NAME OF CEMETERY OR CREMATORY: Mount Auburn, Palto, Md. — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7-15-54 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR AND ADDRESS: JAMES A. HAYES FUNERAL HOME, 638 N. GILMOR ST. BALTIMORE 17, MD.

6188 MARYLAND STATE DEPARTMENT OF HEALTH 06306

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2914 Dunmurray Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 2914 Dunmurray Rd.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) A (Last) Rogers
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 5/12/1891
9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waymaster
10b. KIND OF BUSINESS OR INDUSTRY: Baltimore Back River R.R.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: William C. Rogers
14. MOTHER'S MAIDEN NAME: Elizabeth Huster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Elizabeth Rogers 2914 Rd Dunmurray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) My carditis (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. D. Davis MD Dep. Med. Examiner Dundalk-Rd Md 7/30/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 8/2/54 | NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. | LOCATION (City, town, or county) (State): 4700 Old Frederick Rd

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: John J. Cowan Son | ADDRESS: 39 Olens

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06307

6316 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 27 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 1439 Andre Street

3. NAME OF DECEASED: (Type or Print) (First) SHERIDAN (Middle) C (Last) ROONEY

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/14/86

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rigger

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Blissfield, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Rooney

14. MOTHER'S MAIDEN NAME: Saphronia Chasner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) CW

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet/Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A)	THROMBOSIS OF CORONARY ARTERY WITH	UNKNOWN
ANTECEDENT CAUSE (S)	INFARCTION LEFT VENTRICIE	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)	CARCINOMA LARYNX	UNKNOWN
OTHER SIGNIFICANT CONDITIONS (C)	ULCER PYLORUS	UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	CHOLELITHIASIS INFARCT, RIGHT CEREBRUM	UNKNOWN

19A. DATE OF OPERATION: 4-14-52, 5-27-53

19B. MAJOR FINDINGS OF OPERATION: Radical Laryngectomy, Carcinoma Larynx; Radical Neck Resection Rt. for Metastases

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22 1954, to July 19, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 11:30M, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. A. ADDRESS M. D. VAH, Fort Howard, Md. DATE SIGNED 7-20-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 7-23-54; NAME OF CEMETERY OR CREMATORY Baltimore National; LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-22-54; REGISTRAR'S SIGNATURE [signature]; 24. FUNERAL DIRECTOR Charles Bill Swenson; ADDRESS Charles L. Stevens Funeral Home, I.O.O.F. Fort Avenue Balto, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06308

6317

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Wintens Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 69 Wintens Lane

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Ryan (Last)

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 1884 | 9. AGE last birthday: 70 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): West Friendship Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Ryan

14. MOTHER'S MAIDEN NAME: Emily Boardley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mildred Harris 1008 N. Mount St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 26 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Hypertensive Cardio-Renal Disease — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10-1954, to 7-6-1954, that I last saw the deceased alive on 7-6-1954, and that death occurred at 1.45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) C. F. Maloney MD ADDRESS 57 Winters Lane Balto 28 Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 7/10/1954 | NAME OF CEMETERY OR CREMATORY Western Star Cem. | LOCATION (City, town, or county) Catonsville (State) Md.

DATE REC'D BY LOCAL REG. 7-9-54 | REGISTRAR'S SIGNATURE A.W. Hedrick | 24. FUNERAL DIRECTOR Miss Katie R. Williams | ADDRESS 2 N. Schroeder St.

Drs.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06309

CERTIFICATE OF DEATH

Reg. Dist. No. 44

6318

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Balto.
CITY (If outside corporate limits, write RURAL) OR TOWN Fort Howard Md
MARYLAND LENGTH OF STAY (in this place) [redacted] 6mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS FORT HOWARD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 818 W. LOMBARD ST.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) SAKIEVICH

4. DATE OF DEATH: (Month) 7 (Day) 13 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: April 7 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Sakievich

14. MOTHER'S MAIDEN NAME: Ona Salatkaite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-05-7819

17. INFORMANT & ADDRESS: George Sakievich, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA of BLADDER DUE TO — Interval Between Onset And Death: 2yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10, 1954, to 7-13, 1954, that I last saw the deceased alive on 7-13, 1954, and that death occurred at 7 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jack C Collins M.D. 2 Kinship Rd. Dundalk 7-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 16 1954
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 7-15-54
REGISTRAR'S SIGNATURE A. W. Higgins

24. FUNERAL DIRECTOR Chas. W. Kachanakas ADDRESS 703 McHenry St.

april 7, 1891

6319

06310

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp (Hells Pt) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shn #62 Holly Neck Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3
STREET ADDRESS (If rural, give location) 2559 Robb St. 18.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	(None)	Satterfield	July	18	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Dec 31 1896	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter	Bus. for self	Balto. City	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Satterfield	Lon Collison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	yes	Mrs. Hilda Ridgely. Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Diabetes mellitus DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate / Over 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
July 18-54		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE C. McCarmine (M.D.) M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☐ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 21, 1954	Mt. Olivet Cemetery	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-20-54	Dora	Henry Sander & Sons Inc. Baltimore Maryland	Henry P. Sander

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06311

6320 CERTIFICATE OF DEATH

Reg. Dist. No. 3...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore STATE Maryland
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 Cherrydell Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 118 Cherrydell Rd.

3. NAME OF DECEASED: (First) Philip (Middle) Joseph (Last) Schmidt
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 7/18/1884
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brushmaker
10B. KIND OF BUSINESS OR INDUSTRY: Brush Mfgr.
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Schmidt
14. MOTHER'S MAIDEN NAME: Anna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Donald A. Schmidt 119 Cherrydell Rd

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A)	Myocardial Infarction	1 da.
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	Coronary Thrombosis	14 da.
(C)	Coronary Sclerosis + Hypertensive Cardiovascular Disease	10 yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1951, to 7-4, 1954, that I last saw the deceased alive on 7-4, 1954, and that death occurred at 2:55 A.M., from the causes and on the date stated above.

SIGNATURE William K. Gallagher M.D. ADDRESS Catonsville 28, Md. DATE SIGNED 7-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 7/7/54 NAME OF CEMETERY OR CREMATORY Western Cem. LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-6-54 REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06312

6321

CERTIFICATE OF DEATH

Reg. Dist. No. . . .

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson 5-5; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 610 Coventry Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; STREET ADDRESS (If rural give location) 610 Coventry Road

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Hattie B. (Last) Schoolfield

4. DATE OF DEATH: (Month) (Day) (Year) July 21st 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 24, 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Victor H. Buschmann

14. MOTHER'S MAIDEN NAME: Sallie Barrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. R. Norman Joyner, 610 Coventry Road #4

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE	(A) DUE TO	Acute Pyelonephritis	2 days
ANTECEDENT CAUSE (S)		Generalized arteriosclerosis	2 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	Malnutrition, Senility	1 year
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Fractured Hip, right	1 year

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1953 to July 20, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 1.30A M, from the causes and on the date stated above.

SIGNATURE William F Baxe M.D. ADDRESS 2105 N Charles St DATE SIGNED July 21, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: July 23, 1954 | NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7-21-54 | REGISTRAR'S SIGNATURE: Ida W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

Dr. Pearce
2105 N. Charles St.
3:30 to 5:30 P.M. Wed.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06313

6322 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Chrysler Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 20 Chrysler Place

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) D. (Last) SCHULTHEIS

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April 23, 1897
9. AGE last birthday: 57 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Transit Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Schultheis
14. MOTHER'S MAIDEN NAME: Emely Swartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Mildred Schultheis-20 Chrysler Place

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — 3 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/4.N., 1954, to 7/4/54, 1954, that I last saw the deceased alive on 7/4/54, 1954, and that death occurred at 5A M, from the causes and on the date stated above.

SIGNATURE J. Poland M.D. ADDRESS 3325 Frederick Rd DATE SIGNED 7/2/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/5/54
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: July 3. 1954
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Wm. J. Vickers & Sons ADDRESS: Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06314

6323 CERTIFICATE OF DEATH Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cockeysville
LENGTH OF STAY (in this place) 9 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roxton
STREET ADDRESS (If rural, give location) 1407 Malvern Ave.

3. NAME OF DECEASED: (Type or Print) (First) JANIE (Middle) C. (Last) Seim

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954

5. SEX: Fe.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 6, 1881

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HW

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Robert D. Cofer (Cofer)

14. MOTHER'S MAIDEN NAME: Lelia Jane Read

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-[illegible]-[illegible]248

17. INFORMANT & ADDRESS: Mrs. Louise Cromwell Malvern Ave. Roxton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral vascular accident - hemorrhage — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Generalized arteriosclerosis — DUE TO — years
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ....., 1953, to July ....., 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Elizabeth B. Sewell, M.D. Cockeysville, Md. 7/2/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/6/54
NAME OF CEMETERY OR CREMATORY Lorraine Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR JUL 5 - 1954
REGISTRAR'S SIGNATURE Huntington Williams, M.D. Lynn L. MacRae asst.

24. FUNERAL DIRECTOR Wm. J. Dickey & Sons ADDRESS Balto 17, Md.

JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06315

6324 CERTIFICATE OF DEATH Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wilmar Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural give location) Wilman Place

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Pearl (Last) Seitz

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 2, 1901

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bert Miller

14. MOTHER'S MAIDEN NAME: Alveda Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Gilbert F. Seitz, Cockeysville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adeno carcinoma, ovary DUE TO — Interval Between Onset And Death: 6 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 17 Feb. 18, 1954

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Left ovary, Metastases.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to July 8, 1954, that I last saw the deceased alive on July 8, 1954, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. O'Neill M.D. ADDRESS Cockeysville, Md. DATE SIGNED 7/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-11-54 NAME OF CEMETERY OR CREMATORY Jessop M. Methodist LOCATION (City, town, or county) Sparks (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/10/54 REGISTRAR'S SIGNATURE Wm. T. Emlen

24. FUNERAL DIRECTOR J. Scott Brooks ADDRESS Sparks, Md.

VS. A15

JUL 15
BUREAU U. S.

MARYLAND 6325 06316 STATE DEPARTMETT OF HEALT

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLENDALE | LENGTH OF STAY (in this place) 1 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RIDGEWAY MANOR

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE BALTIMORE COUNTY MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 5173 IOWA AVE

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) [illegible] (Last) SFORGIATI OR FIND
4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1954

5. SEX M. | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE | 8. DATE OF BIRTH 6-3-84 | 9. AGE last birthday 70 yrs. | If under 1 year: Months, Days | If under 24 hr: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) ITALY | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME RAFFAELE SFORGIATI | 14. MOTHER'S MAIDEN NAME LUCY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF ESOPHAGUS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. MALNUTRITION

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17, 1954 to 7-28, 1954, that I last saw the deceased alive on 7-28, 1954 and that death occurred at 2:40 A.M., from the causes and on the date stated above.

SIGNATURE N Hauck Jr. M.D. (Degree or title) ADDRESS 901 LOMBARD ST. DATE SIGNED 7-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE July 31 1954 | NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery | LOCATION (City, town, or county) Baltimore | (State) Md.

DATE REC'D BY LOCAL REG. JUL 31 1954 | REGISTRAR'S SIGNATURE [illegible] V.E. Harrymb | 24. FUNERAL DIRECTOR Frank Della Vecchia | ADDRESS 322 High St

MARGIN RESERVED FOR BINDING

6326

MARYLAND STATE DEPARTMENT OF HEALTH

06317

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney; LENGTH OF STAY (in this place) 2 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9714 Magledt Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney; STREET ADDRESS (If rural, give location) 9714 Magledt Rd

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) G (Last) Sims

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. [redacted], WIDOWED, [redacted], (Specify)

8. DATE OF BIRTH: April 18, 1887

9. AGE last birthday: 72 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William P Gordy

14. MOTHER'S MAIDEN NAME: Annie Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ellen Cranmer 9714 Magledt Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Parenchymatous Nephritis	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 years
	(c) Epilepsy (Grand Mal)	20 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1940 to July 20, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 7 A. M., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. L. Gordy M.D. ADDRESS: 5706 Harford Road DATE SIGNED: 7-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: July 23 1954 NAME OF CEMETERY OR CREMATORY: Park Wood LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REG.: 7/21/54 REGISTRAR'S SIGNATURE: A. M. Bacon

24. FUNERAL DIRECTOR: Chas F Evans & Son ADDRESS: 8802 Harford Rd

5406 Harford Rd.

BUREAU V. S.

6327

06318

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 67

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 N. Essex Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Essex Balto # 21
STREET ADDRESS (If rural, give location) 107 N. Essex ave.

3. NAME OF DECEASED: (Type or Print) (First) Alex (Middle) Kleinsmidt (Last) Smith.

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1954.

5. SEX: male

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Mar 6/1884

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY: Coal Miner

11. BIRTHPLACE (State or foreign country): Poland ✓

12. CITIZEN OF WHAT COUNTRY? Poland.

13. FATHER'S NAME: August Kleinsmidt

14. MOTHER'S MAIDEN NAME: Julianna Judinski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 235-03-6387

17. INFORMANT'S ADDRESS: Stella Smith 107 N Essex Ave Essex 21

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval between onset and death: Short

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Rt Hemiplegia — 12 yrs ago

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) 7 (Day) 27 (Year) 54 (Hour) 3A M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. M. Carmine M. D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/30/54

NAME OF CEMETERY OR CREMATORY Parish Cemetery Essex

LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 7/28/54

REGISTRAR'S SIGNATURE C

24. FUNERAL DIRECTOR J. J. Brzezinski ADDRESS 1407 Eastern Ave Rd.

6328 MARYLAND STATE DEPARTMENT OF HEALTH 06319

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 403 Railroad Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 403 Railroad Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Raymond (Last) Smith.
4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 3 1893
9. AGE last birthday: 60 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: County school
11. BIRTHPLACE (State or foreign country): Towson, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Smith
14. MOTHER'S MAIDEN NAME: Emma Preston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WWI
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Geo. R. Smith 403 Railroad Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma, transverse colon — 4 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/30/54
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma transverse colon: Autopsy July 1
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE, (Degree or title) ADDRESS — DATE SIGNED
John C. Huber M.D. DMt Towson Md 7/27/54

23. BURIAL, CREMATION OR REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
Burial July 26 1954 Baltimore National Baltimore Md.

DATE REC'D BY LOCAL REG. 7-26-54 — REGISTRAR'S SIGNATURE G W Hammond — NAME OF FUNERAL DIRECTOR Sindall (ADDRESS) 1631 Druid Hill Ave.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06320

6329

CERTIFICATE OF DEATH

Reg. Dist. No. 45

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 401 Oriole Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
STREET ADDRESS (If rural, give location) 401 Oriole Ave.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) ANDREW (Last) SMITH

4. DATE OF DEATH: (Month) (Day) (Year) JULY 16 - 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Jan. 19-1893

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Gold Dust Mfg.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Andrew Smith Sr.

14. MOTHER'S MAIDEN NAME: Mollie Fistner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) W.W. #1

16. SOCIAL SECURITY NO.: 216-10-7535

17. INFORMANT & ADDRESS: Mary Hickenson (401 Oriole Ave)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval between onset and death: 3 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Diabetes — Interval between onset and death: Several yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease. Diabetic gangrene.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1954, to July 16, 1954, that I last saw the deceased alive on July 16, 1954, and that death occurred at 5 m., from the causes and on the date stated above.

SIGNATURE D. Blatt (DEGREE OR TITLE) MD ADDRESS 421 Eastern Ave Balto, Md DATE SIGNED 7/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July 19-1954 — NAME OF CEMETERY OR CREMATORY Balto Meth Cemetery — LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 7/19/54 — REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John S. Connelly — ADDRESS 418 Eastern Ave Balto 24 Md.

JUL
BUREAU V. S.

ITEM 3: Film G168 7-15-54 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6330

06321

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 112 North Greene Street

3. NAME OF DECEASED: (Type or Print) (First) LUTHER (Middle) E. (Last) SMITH
ALIAS: RUDOLPH RICHARDS (in theatrical work)

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 7/16/98

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Actor

10B. KIND OF BUSINESS OR INDUSTRY: Theatrical work

11. BIRTHPLACE (State or foreign country): Athens, Georgia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John H. Smith

14. MOTHER'S MAIDEN NAME: Sara Jane Swafter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) BRONCHIECTASIS — INTERVAL BETWEEN ONSET AND DEATH: 9 YEARS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to July 11 1954 and that death occurred at 2:55 PM, from the causes and on the date stated above.

SIGNATURE Irving Freeman — ADDRESS — DATE SIGNED

IRVING FREEMAN, M.D. Acting Chief, Medical Service, VAH, FORT HOWARD, MD. 7-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 14, 1954 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-13-54 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Howard Blight Funeral Home — ADDRESS Mildred P. Blight
6009 Harford Road, Baltimore 14, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-54

6189 **MARYLAND STATE DEPARTMENT OF HEALTH** 07066

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place) 54 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7524 School Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7524 School Avenue

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Staniewski

4. DATE OF DEATH: (Month) July (Day) 31, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: August 1, 1912

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Murphy

14. MOTHER'S MAIDEN NAME: Amelia Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-01-6171

17. INFORMANT AND ADDRESS: John Staniewski 7524 School Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Portal hepatic cirrhosis — Interval between onset and death: Jan 18/54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 3-15-54 — 19b. MAJOR FINDINGS OF OPERATION: Laparotomy & Liver biopsy - proving above.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None — (CITY OR TOWN) None — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from Jan 18, 1954, to July 31, 1954, that I last saw the deceased alive on July 30, 1954 and that death occurred at 8 40 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emmanuel G. Schmeuck M.D. — ADDRESS 842 S. East Ave Bal 14 — DATE SIGNED 8-2-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 4, 1954 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 8-2-54 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR: Lilly & Zeiler Inc. — ADDRESS: 403 S. Wolfe St.

6331

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06322

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 430 Ingleside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN atonsville
STREET ADDRESS (If rural, give location) 430 Ingleside Ave.

3. NAME OF DECEASED (Type or Print): (First) NETTIE (Middle) (HENRIETTA) (Last) STANSBURY

4. DATE OF DEATH: (Month) (Day) (Year) July.15.1954 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar.29.1884

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Kluter

14. MOTHER'S MAIDEN NAME: Margaret Kean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: 218-09-4754.B.

17. INFORMANT AND ADDRESS: Mr. George B. Stansbury (Husband) 430 Ingleside Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 7 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946 to July 15, 1954, that I last saw the deceased alive on 7-12, 1954, and that death occurred at 7 15 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Coelbon L. Kemp MD 3025 Belair Road

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: July.19.1954
NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 7-19-54
REGISTRAR'S SIGNATURE: A. W. Heslemb
24. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC. Baltimore Md.
ADDRESS: Henry Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06323

6332

CERTIFICATE OF DEATH

Reg. Dist. No. . . . . .

THIS IS A PERMANENT RECORD.
PLEASE TYPE IN PERMANENT BLACK OR BLUE BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information carefully supplied. Physicians: please write the causes of death clearly and legibly. The
THIS CERTIFICATE MUST WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER

1. NAME OF DECEASED (Type or Print): Ann Isabele Stinchcomb

2. DATE OF DEATH: July 26, 1954

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2815 Hillcrest Ave
c. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2815 Hillcrest Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Married	Oct 19, 1872	81				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md	U.S.

13. FATHER'S NAME: Charles Boone

14. MOTHER'S MAIDEN NAME: Isabele Parson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		John I Stinchcomb	2815 Hillcrest Ave

CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 4437 Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension — 15 yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20 AUTOPSY? YES ☐ NO ☒

22 I certify that (I) (this hospital) attended the deceased from February 1940 to July 26 1954, that (I) (we) last saw the deceased alive on May 18 1954, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
G. M. Bacon ATTENDING PHYS. ☒ MED DIRECTOR ☐ M.D. STAFF PHYS. ☐	2810 Taylor Ave.	7/26/54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	7/29/54	Loudon Park	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/26/54	G. M. Bacon	L. A. Tuck	5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06324

0353

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 68 Henderson Ave Victory Villa

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa, Middle River
STREET ADDRESS (If rural, give location) 68 Henderson Ave

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) E. (Last) Stout

4. DATE OF DEATH: (Month) July (Day) 29th (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 12 - 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 9 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph W. Starkey

14. MOTHER'S MAIDEN NAME: Clarissa Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 236-03-1957

17. INFORMANT & ADDRESS: Mrs. Nellie Acker above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension & arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 8, 1953, to July, 1954, that I last saw the deceased alive on 7-27, 1954, and that death occurred at 8:20 A.m., from the causes and on the date stated above.

SIGNATURE Marion J. Romero (DEGREE OR TITLE) M.D. ADDRESS 805 Fuselage Ave DATE SIGNED 7-27-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 31-54 — NAME OF CEMETERY OR CREMATORY Salem — LOCATION (City, town, or county) (State) Hanover Co. Va.

DATE REC'D BY LOCAL REG. 7-28-54 — REGISTRAR'S SIGNATURE A. W. Hedgepeth

24. FUNERAL DIRECTOR John G. Connelly — ADDRESS Essex, 21 Md.

MARYLAND STATE DEPARTMENT OF HEALTH

C334

2411 N. Charles Street, Baltimore

06325

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place) 56 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28; STREET ADDRESS (If rural, give location) 113 Ingleside Avenue

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) B. (Last) STULTZ

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 2, 1870.

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank C. Stultz

14. MOTHER'S MAIDEN NAME: Ellen C. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. W. J. Stultz 113 Ingleside Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Pneumonitis.	Week.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic congestive heart disease	10 yrs.
	(c)	Senility & Chronic Nephritis.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 1953 to July 30, 1954, that I last saw the deceased alive on July 30, 1954, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Aug. 2, 1954; NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery; LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/31/54; REGISTRAR'S SIGNATURE: W. E. Harris

24. FUNERAL DIRECTOR: Easton Sons; ADDRESS: Catonsville 28, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 3
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

6335

2411 N. Charles Street, Baltimore

06326

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JONES' CREEK | LENGTH OF STAY (In this place) 37 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7216 BAYFRONT Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JONES' CREEK (19)
STREET ADDRESS (If rural, give location) 7216 BAYFRONT Rd.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) E. (Last) TAKOS

4. DATE OF DEATH: (Month) 7- (Day) 30- (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 1-17-1887

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.

11. BIRTHPLACE (State or foreign country): GREECE

12. CITIZEN OF WHAT COUNTRY? USA PAPERS

13. FATHER'S NAME: EFSTRATIOS TAKOS

14. MOTHER'S MAIDEN NAME: ANGELIA IKERAKIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If year, give war or dates of service): NO

16. SOCIAL SECURITY No.: 223-07-2626

17. INFORMANT AND ADDRESS: DESPINA TAKOS - WIDOW - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis & Hypertension	4 yrs.
	(c) Generalized Arteriosclerosis	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to July 30, 1954, that I last saw the deceased alive on July 30, 1954, and that death occurred at 10:10 P m., from the causes and on the date stated above.

SIGNATURE James T. Means | (Degree or title) M.D | ADDRESS 520 D St. Ft. Pk. 14 | DATE SIGNED 7-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE 8-2-54 | NAME OF CEMETERY OR CREMATORY OAK LAWN | LOCATION (City, town, or county) (State) BALTO. Co., Md

DATE REC'D BY LOCAL REG. Aug 4-54 | REGISTRAR'S SIGNATURE Dawson L. Harbor | 24. FUNERAL DIRECTOR Wells Brown Bradley | ADDRESS Dundalk, Md.

AUG
V. S.

Film#G168 Item# 11,12,13,14 7/16/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. No. 60327

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 6336

COUNTY Balto MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sparrows P | LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS On S.S Santore (at Sea)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE N.C. COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bessemer City.

STREET ADDRESS (If rural, give location) 315 E. Virginia Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Esper	D.	Tate.	July	2	1954

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE Last Birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	12-22-1916	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ordinary Seaman	Oreshi	Polk Co., N.C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
W.C. Tate	Bessie Blanton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		STEAMSHIP SERVICE CORP. SPARROWS PT. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Died on S.S Santore June 27/54 - 2.30 P.M	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☑ Not while at work ☐	21f. HOW DID INJURY OCCUR?
7 2 54 11 A.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	JULY 3/1954		BESSEMER CITY N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 3. 1954	R.W.	ULLRICH FUNERAL HOME	4210 BELAIR.

VS. A15A - II - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06328

6337 **CERTIFICATE OF DEATH** Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 1yr. 1mon. 3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1108 W. 37th St.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET E. (Middle) (Last) TIPTON

4. DATE OF DEATH: (Month) July (Day) 14, (Year) 19 54

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Unknown | 9. AGE last birthday 83 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Pfeiffer | 14. MOTHER'S MAIDEN NAME. Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: William L. Tipton (son) 1700 Aberdeen Road, Baltimore 4, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Decompensatory heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Rheumatic mitral stenosis with heart block — years

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6-54, 19 54, to July 14, 19 54 that I last saw the deceased alive on July 14, 19 54, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE Ethel B. Neumann-Braun M.D. ADDRESS M. D. Spring Grove State hospital DATE SIGNED July 14, 19 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-17-54 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 7-15-54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Edlewood Funeral Home | ADDRESS

July 14 51 9:30p

Spring Grove State Hospital July 14,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07067

6338

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towsor
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa, 6400 Bellona

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3319 Elmley Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Mrs. Caroline B. Wagner

4. DATE OF DEATH: (Month) (Day) (Year) July 29th 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Aug. 9, 1871

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phillip Amrhein

14. MOTHER'S MAIDEN NAME: Barbara Freidel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Leo C. Mc Donagh, 3319 Elmley Avenue

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arterio-sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardio-vascular disease

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1954, to July 28, 1954 that I last saw the deceased alive on July 28, 1954, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

SIGNATURE P. D. Flynn M. D. ADDRESS 11 E. Chase Street #2 DATE SIGNED July 30, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 2, 1954 — NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7/30/54 — REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR Leonard J. Ruck — ADDRESS 5305 Harford Road #14

Dr. Flynn — 1-3
11 E. Chase Streets

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07068

6339 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 5

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 6 Hrs. 25 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 1428 PENNSYLVANIA AVE.

3. NAME OF DECEASED: (First) HUM (Middle) F. (Last) WAHDO
4. DATE OF DEATH: (Month) JULY (Day) 31 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	YELLOW	MARRIED	4-6-89	65 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
OWNER	LAUNDRY	SAN FELEPE, CALIFORNIA	U.S.A

13. FATHER'S NAME: TON MON WAHDO
14. MOTHER'S MAIDEN NAME: WOOSEI (MAIDEN NAME UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
YES	WW I	NONE	CLIN.REC.VET.ADM.HOSP.FT.HOWARD,MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) ARTERIOSCLEROTIC HEART DISEASE	4 YEARS
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DIABETES MELLITUS	24 YEARS
DUE TO		
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
VA M.		

22. I hereby certify that I attended the deceased from JULY 31, 1954 to JULY 31, 1954 ~~that I last saw the deceased alive~~ and that death occurred at 6:30A M, from the causes and on the date stated above.

SIGNATURE	ADDRESS	DATE SIGNED
David C. Bennighof M.D. DAVID C. BENNIGHOF, M.D.	M. D. VAH FT. HOWARD, MD	7/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-5-54	Arlington National	Fort Myer, Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-5-54	H. W. Hahn	Howard Blight Funeral Home Mildred P. Blight 6009 Harford Rd. Baltimore, Maryland

6190

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06329

CERTIFICATE OF DEATH

Reg. Dist. No. 41

M

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1917 CRAFTON AV.	STREET ADDRESS (If rural, give location) 1917 CRAFTON AVE

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN A. WEINKAM	JULY 7 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE	WIDOWED	DEC 18 1882	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PLUMBER		MARYLAND	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ANDREW WEINKAM	ELIZABETH MAHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	—	JOHN WEINKAM 695 BACK RIVER NECK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive C.V. Disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) with Heart Block	4 Yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 4, 1954, to July 7, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. Evans MD		6800 Mikinnon Blvd - Dundalk. Md	7/8/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	JULY 10. 1954	HOLY REDEEMER	BALTIMORE	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 8-1954	William M. Kelly	ULLRICH FUNERAL HOME	212 DUNDALK

RECEIVED
JUL 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06330

6340 CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fort Howard
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS " Hospital Grounds

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 3807 Edmondson Ave

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) (Last) Wessells

4. DATE OF DEATH: (Month) (Day) (Year) July 13 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/3/1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Hecht Co.

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert S. Parker

14. MOTHER'S MAIDEN NAME: Letitia Blackburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-03-5437

17. INFORMANT & ADDRESS: Lola Clarke - Ft. Howard Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
194		
Immediate cause	(a) Generalized Carcinomatosis	6 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Primary Ca Thyroid	3½ yrs
	DUE TO (c) Generalized Arteriosclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE James T. Mears (DEGREE OR TITLE) M.D. ADDRESS 502 E St. DATE SIGNED July 15, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/17/54

NAME OF CEMETERY OR CREMATORY Balto.

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 7-15-54

REGISTRAR'S SIGNATURE A. W. Hedgins

24. FUNERAL DIRECTOR Wm. Cook Inc.

ADDRESS 1217 St. Paul St.

6341

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06331

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in the Pines Nursing and Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 5323 Liberty Heights Ave.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) J. (Last) Weishampel

4. DATE OF DEATH: (Month) July, (Day) 8th., (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Nov. 18 1873

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mr Litzau

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Helen Leppo 5323 Liberty Heights Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Cerebral Hemorrhage

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Hypertensive arteriosclerotic cardio-vascular disease

(c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 13, 1947, to July 8, 1954, that I last saw the deceased alive on July 8, 1954, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irving A. Leppo M.D.

ADDRESS: 4116 Edmondson Ave

DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July, 10 1954 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery — LOCATION (City, town, or county): Woodlawn, Balto., Co., — (State): Md

DATE REC'D BY LOCAL REG.: 7-7-54

REGISTRAR'S SIGNATURE: Helen D. Willis

FUNERAL DIRECTOR: Amorain — ADDRESS: 4510 Liberty Heights Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6342

CERTIFICATE OF DEATH

06332

Reg. Dist. No. 3 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 7 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Relay
STREET ADDRESS (If rural give location) 403 Gun Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Glenn (Last) White

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 19 1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Structural

11. BIRTHPLACE (State or foreign country): Relay Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: A Robinson White

14. MOTHER'S MAIDEN NAME: Mary Louisa Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hannah I White Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis (acute) — Interval Between Onset And Death: 4 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — 4500 — years

DUE TO

(c) Hepatitis — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis — 52 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4 1954 to July 4, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Steinbeg Jr M.D. 1116 St. Paul St. Baltimore 2. Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 8/54

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) Balto

(State) Md

DATE REC'D BY LOCAL REGISTRAR 7-7-54

REGISTRAR'S SIGNATURE D.E. Hedrick

24. FUNERAL DIRECTOR H.H. Jenkins Sons

ADDRESS 4905 York Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06333

6343

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): FORT HOWARD
LENGTH OF STAY (in this place): 23 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK 22
STREET ADDRESS (If rural give location): 202 OAKWOOD ROAD

3. NAME OF DECEASED: (First) EDGAR (Middle) S. (Last) WHORLEY

4. DATE OF DEATH: (Month) JULY (Day) 19 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 10-4-93

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSPECTOR

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ROANOKE, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: EUGENE WHORLEY

14. MOTHER'S MAIDEN NAME: DAISY LORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES — (If Yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 245-16-6822

17. INFORMANT & ADDRESS: CLIN. REC. VET. ADM. HOSP. FT. HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 15 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 26 19 54 to JULY 19, 19 54 that death occurred at 7:22 A M, from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 7-19-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 7-22-54 — NAME OF CEMETERY OR CREMATORY: EVERGREEN CEMETERY — LOCATION (City, town, or county) (State): ROANOKE, VIRGINIA

DATE REC'D BY LOCAL REGISTRAR: July 21-54 — REGISTRAR'S SIGNATURE: Dawson L. Harbor — NAME OF FUNERAL DIRECTOR AND ADDRESS: WALTER BROOKS BRADLEY INC. FUNERAL HOME, 700 WILLOW SPRINGS ROAD, BALTIMORE 22, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6344 CERTIFICATE OF DEATH

06334

Reg. Dist. No. 36

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morkton
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morkton
STREET ADDRESS (If rural give location) Tryon Road

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Jane (Last) Whye

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 15, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Henry Cromwell

14. MOTHER'S MAIDEN NAME: Rachael Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Jane Whye, daughter - Morkton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive - arteriosclerotic

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cardio-vascular disease

DUE TO

(c)

Interval Between Onset And Death: years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ....., 1953, to July ....., 1954, that I last saw the deceased alive on July 7, 1953, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Sherrill, M.D. ADDRESS Cockeysville, Md. DATE SIGNED 7/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 4th 1954 NAME OF CEMETERY OR CREMATORY Union Chapel LOCATION (City, town, or county) (State) Monkton Rd. Md.

DATE REC'D BY LOCAL REGISTRAR 7-3-54 REGISTRAR'S SIGNATURE Arnold W. Markline

24. FUNERAL DIRECTOR Martin G. Kelly ADDRESS Jarrettsville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 7 1
BUREAU V. S.

6345

06335 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Baltimore city
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1614 Lewelyn Ave

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (Last) WILLIAMS

4. DATE OF DEATH (Month) July (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: 3/6/20

9. AGE last birthday: 34 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS/OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Williams

14. MOTHER'S MAIDEN NAME: Emma Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Walter Williams 2320 E. Chase St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Massive skull fracture with contusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) of brain

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Institution

21c. (City or town) Catonsville (County) Baltimore (State) Maryland

21d. TIME OF INJURY (Month) 7/18/54 (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Struck by inmate with floor polisher

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE William V. Smith M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED July 19, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/20/54 — NAME OF CEMETERY OR CREMATORY Baltimore Cem. — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 7-20-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Henry Sander & Son Inc. — ADDRESS Pres. Rte 1 Box Baltimore Md

ik

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06336

6346 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY [redacted] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 114 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 2360 McCULLOH STREET

3. NAME OF DECEASED: (Type or Print) (First) ALFRED (Middle) V. (Last) WILSON

4. DATE OF DEATH: (Month) JULY (Day) 13 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 5-24-1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC (SELF EMPLOYED)

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ALFRED WILSON

14. MOTHER'S MAIDEN NAME: ANNIE MADDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FORT HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) OBSTRUCTION OF TERMINAL ILEUM — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) TO PERITONEAL ADHESIONS Due To X-RAY THERAPY — UNKNOWN 5 WEEKS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO CARCINOMA OF BLADDER, APPARENTLY HEALED BY X-RAY THERAPY (C) — 1 YEAR

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 5-13-54

19B. MAJOR FINDINGS OF OPERATION: Transurethral Resection of Bladder Tumor

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from MAR. 21, 1954, to JULY 13 1954, that death occurred at 7:20 P M, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 7-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/19/54 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-16-54 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR'S SIGNATURE Charles G. Cooper ADDRESS CHARLES G. COOPER FUNERAL HOME 512 N. CARROLLTON AVENUE, BALTIMORE, MD.

155

VS. A15 — 10 - [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

06337

MARYLAND 6347

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) May (Last) Wilson
4. DATE OF DEATH: (Month) July (Day) 14, (Year) 1954

5. SEX: F. | 6. COLOR OR RACE: Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow | 8. DATE OF BIRTH: Jan. 15, 1877 | 9. AGE last birthday: 77 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Black Horse, Harford Co. Md | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles T. Henderson | 14. MOTHER'S MAIDEN NAME: Amelia V. Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs. Herbert Lytle, White Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Kidney Trouble — Interval between onset and death: 12 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio-Sclerosis — 10 years

(c) Cerebral Hemorrhage — 4 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19 41 to July 14 19 54 that I last saw the deceased alive on July 14, 19 54, and that death occurred at 11 30 A m. from the causes and on the date stated above.

SIGNATURE Evelyn Bowers M.D. (Degree or title) ADDRESS White Hall Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 16, 1954 | NAME OF CEMETERY OR CREMATORY: Vernon | LOCATION (City, town, or county): White Hall, (State): Md

DATE REC'D BY LOCAL REG.: July 15, 1954 | REGISTRAR'S SIGNATURE: Rosalath W. Markline, M.

24. FUNERAL DIRECTOR, ADDRESS: Martin A. Kurtz, Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

JUL 2(

MARYLAND STATE DEPARTMENT OF HEALTH

06338

6197

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) 12 years; STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1334 Birch Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Md.; STREET ADDRESS (If rural give location) 1334 Birch Ave

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) MARY (Last) WIFFIELD

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 14, 1863

9. AGE last birthday: 90 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: [redacted] Kimber

14. MOTHER'S MAIDEN NAME: [redacted] Mary Leimbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mary Price (daughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis – origin unknown. — Interval between onset and death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.): none

(CITY OR TOWN) none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Jan 1950, to 13 July 1954, that I last saw the deceased alive on 13 July 1954, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Jackman, M.D. — 1334 Sulphur Spring Rd – Ellicott City, Md — 13 July 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 17-1954

NAME OF CEMETERY OR CREMATORY: Mt. Calvary

LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REGISTRAR: July 14 54

REGISTRAR'S SIGNATURE: Gertie Huff

24. FUNERAL DIRECTOR: Leonard A. Fuchs

ADDRESS: Ellicott City, Maryland

JUL 15 1954

BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06339

6348 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1020 W Barre St.

3. NAME OF DECEASED: (First) Dominick (Middle) (Last) Zanti
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	June 1, 1888	66 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Businessman	Fruit Business	Italy	U.S.A.

13. FATHER'S NAME: Zanti
14. MOTHER'S MAIDEN NAME: unknown.

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Unknown		unknown.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

561.4

IMMEDIATE CAUSE (A) Intestinal Obstruction — over 4 da

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Strangulated hernia — " 4 da

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3 July 7-54	as above	YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 6, 1954, to July 10, 1954 that I last saw the deceased alive on July 10, 1954, and that death occurred at 6 am M, from the causes and on the date stated above.

SIGNATURE F. E. Philips M.D. ADDRESS Spring Grove Hosp. DATE SIGNED July 10 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 13/54	New Cathedral	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-13-54	A. W. Hudgins	Harry H. Nitz & Co.	4101 Edmondson Ave

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6349

06340

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Item 2 film G168A 8/6/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
   LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm
   STREET ADDRESS (If rural, give location) Notch Cliff, nr. Towson, Md.

3. NAME OF DECEASED (Type or Print) (First) Sister Mary (Middle) Felicia (Last) ZiPPBauer

4. DATE OF DEATH (Month) JULY (Day) 30, (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH April 2 - 1872

9. AGE last birthday 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS

11. BIRTHPLACE (State or foreign country) Newark N. J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter ZiPPBauer

14. MOTHER'S MAIDEN NAME Elisabeth Lingel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Sr. Mary Clara Notch Cliff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma to Brain — 6 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma thyroid — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1954, to July 30, 1954, that I last saw the deceased alive on July 27, 1954, and that death occurred at 4.30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F. O'Donnell MD — ADDRESS 7501 York Rd. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE THEREOF 8-2-54 — NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM. — LOCATION (City, town, or county) (State) NOTCH CLIFF NR TOWSON, MD

DATE REC'D BY LOCAL REG. 8-2-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Charles L. Zeiler — ADDRESS 901 S. CONKLING ST. BALTO. 24, MD.